

the **JOURNAL of SOCIAL THERAPY**

Official Publication of the Medical Correctional Association

*Editorial and Publication Offices, 927 Fifth Avenue, New York 21,
New York. Subscription rates, 1 year \$5.00, 2 years, \$9.00, 3 years
\$13.50. Foreign subscriptions \$1.00 per year additional. Single copies
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THE JOURNAL OF SOCIAL THERAPY

disseminates information on the genesis, nature and treatment of aggressive behavior. It aims to encourage enlightenment through wider employment of the scientific approach. The benefits that can be drawn from this growing body of knowledge spring from its practical application with these objects: To reduce behavior that is destructive to the individual; and to minimize the costly and demoralizing impact upon society of all forms of deviant conduct.

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Medical Correctional Association

Americana Hotel, Miami Beach, Florida

September 1 and 2, 1959

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Medical Correctional Association

Americana Hotel, Miami Beach, Florida

September 1 and 2, 1959

TUESDAY MORNING, SEPTEMBER 1

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Dealing with the personality make-up and psychological and psychiatric characteristics of murderers; motivation; social and cultural contributing factors; study of life history patterns; situational factors causing emotional stresses leading to murder.

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Speakers: Dr. Benjamin Karpman, St. Elizabeth's Hospital, Washington: *Random Thoughts on Psychiatry, Law and Criminals*

Dr. Harry Brick, Virginia State Penitentiary: *Self-Service Carbon Dioxide Group Therapy of Psychoneurotic Disorders*

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A Hair Fetish

Dr. Sara G. Geiger, Director, Milwaukee County Guidance Clinic
Prevention: A Critical Need

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POINT OF VIEW

Spasms of Rebellion: The Meaning of Prison Riots

PRISON riots continue to erupt with almost cyclic regularity, underlining anew correctional malaises that should now be familiar to everyone. These redundant insurrections offer a variety of lessons, but two of them stand out: each riot would seem to be a symptom of inept handling of the custodial function and of gross disdain for basic human values, and the conditions that produce them offer a further demonstration of the unworkability of the prevailing prison system.

The chronology of prison risings has spotted the map with widespread indicators of infection — in Montana, Massachusetts, Michigan, Tennessee, New Jersey, Georgia, New York and elsewhere. It is noteworthy that the outbreaks usually occur in state prisons not renowned for progressive correctional ideas, and seldom in Federal or other institutions where relatively enlightened, systematic methods of handling inmates prevail. The typical pattern of rebellion has included the seizure of hostages, with threats of their death if the convicts' demands are not met, and wanton destruction of prison property. In Montana an unpopular deputy warden was vengefully murdered and the violence culminated in the suicide of two ringleaders.

Any attempt to understand this malignant situation must start with recognition that prisoners are not rational people and prisons

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are not rational places. Convicts generally are, by identity, persons of disturbed or unstable personality, many of them congenitally or traumatically defective, characteristically anti-authoritarian, smoldering with explicit and subconscious discontents and embittered by resentments constantly seeking vent. Since social maladjustment was manifestly the root of their difficulty in the first place, how much more discordant must they be in the chafing tantalization of unreconciled captivity. Moreover, the setting for this physical and emotional conflict, the prison, intrinsically and symbolically engenders a mounting psychological tension that is never far from explosion. The combination of the pathological human element and its corrosive, abrasive environment dictates a tenuously wavering equilibrium that is waiting only for a leader, an aggressive psychopath, to act out his malignant grudge by touching off the emotional powder keg.

The riots, of course, are acute episodes — battles — in the perennial war carried on behind the walls between the Grays and the Blues: the gray-garbed, depersonalized convicts grudgingly and with seething hostility serving out their social debt, and the uniformed custodians who hold them in fearful subjection. The very nature of this elemental combat implies at best an uneasy truce. In a world where the police never can control crime but only intermittently suppress it, where public authority must tolerate a sizable segment of intractable law evasion, where escape from restraint and triumph over opposition are prized and rewarded aims — in such a world, how could one expect a prison to be perpetually quiescent? In the "better" prisons the state of truce is maintained by a combination of dignified authority, availability of latent force, systematic routines — and cultivation of an atmosphere of minimum suppression, earned privileges and reasonable audience for the men's ills and grievances. When one or more of these safeguards lapse — as when brutal or contemptuous treatment coincides with erratic control or disregard for just complaints — the balance of power tips dangerously and a violent outburst can be expected.

The fact that riots, which were less conspicuous under the even more coercive prison regimes of earlier decades, are occurring with increasing frequency would seem to reflect the impact of general social tendencies. Anyone who has observed the ruck of human behavior over the last three or four decades must be struck by today's heightened

level of inchoate anxiety and impatience, mirroring the uncertainty and perils of our time, which makes more volatile and kinetic the common man's great reservoir of latent hysteria. In addition, the constant accretions of proletarian power, with the development of mass pressure techniques for the attainment of social boons, often without the *quid pro quo* of deserving effort, could hardly fail to awaken prisoners' awareness of the power of agitation and their expectation of their own version of social justice.

One must remember, moreover, that the typical prisoner, both constitutionally and as a result of acute life stresses in and out of prison, is highly susceptible to suggestion, especially to one that offers an exciting outlet for his tensions and any interruption of the stagnant institutional routine. There is no doubt that the rioting fever is contagious, the tidings of one eruption infecting and inciting other institutions where conditions are ripe for rebellion and providing ready recruits for the schemings of desperate, callous leaders who have little to lose from an all-or-nothing gamble for illusory stakes.

The preventive remedies for riot fever are fairly obvious to anyone familiar with the prison scene. Perhaps the quickest palliative would be a reduction of the gap that exists between the more progressive prisons and those that cling to the anachronistic practices of benighted times. Among other things, the prison system, or whatever its future equivalent is to be, requires trained professional personnel who would organize and discipline it for the welfare and reclamation of the individuals concerned, and not for the convenience or profit of the institution. Especially vital is a reversal of the trend toward bigger penitentiaries, providing smaller, graded plants to which judiciously classified offenders could be assigned, so that the maximum security necessary for the unredeemable would not continue to corrupt and damn others who are amenable to regeneration. Above all, everything possible should be done to combat the accumulation of tension in competitive, conscriptive channels. There should be a generous enlargement of humane facilities for channeling and remedying minor complaints before they accumulate and get out of hand.

The dominant end most devoutly wished for, of course, is an accelerated pursuit of the kind of society that would require fewer and revolutionarily better havens for a progressively reduced body of offenders. One means to that end would be to provide open, free

clinics to which persons with anti-social tendencies could go for counsel and therapy before they had crossed the line of acting out their drives. But the prison principle, with all its cankering defects, will never be properly modernized until the general public is induced to cease averting its gaze from the unpleasant responsibilities of correction. With a sympathetic interest in the multiplex human problems of errancy and a determination to see them equitably ameliorated, the lay public can, after all, do more than any public agency to promote this segment of man's improvement.

The Promise of Chemotherapy and Research

WHEN Pinel struck the chains from the insane in the Salpetrière two centuries ago, he envisioned the enlightened humanitarian concept of psychiatry. The history of medicine may assign a comparable significance to something that is happening today, the emergence of the epoch of chemotherapy. We have hardly begun to comprehend, let alone implement, the dramatic strides taken in the development of neuropsychiatric techniques in the last four or five years by virtue of pharmaceutical adjuvants. Along with rapid advances on a broad front in treatment, new lines of research give promise of further elaboration and discovery. It has become possible to say with more confidence than ever before that in most cases mental illness need no longer be regarded as permanently disabling.

Reports from state hospitals alone testify to the striking changes wrought in the mental hygiene picture since widespread chemotherapy was introduced. Available data indicate that 70% of the patients under drug therapy have shown marked improvement. This has resulted in a considerable decrease in both patient population and rates of relapse, even though the hospitals remain crowded and budgets continue to grow. Two especially noteworthy benefits are evident: the growing discharge rate includes many patients long hospitalized, and new patients can be placed under intensive therapy at once, promptly improving their prognosis. Moreover, there has been a conspicuous reduction of disturbed behavior and of the need for restraint and seclu-

sion. In addition, the simplification of therapeutic techniques, permitting a trend toward standardization, is helping to offset the chronic shortage of professional and administrative personnel.

These gains have fortunately coincided with widening adoption of more liberal and flexible hospital administration, including progressive practice of the open-door policy, voluntary admissions, provision for day patients and other intermittent therapy, closer cooperation with the life of the community and more vigorous vocational rehabilitation.

In correctional psychiatry the use of ataractics also has contributed to a more orderly handling of disturbed prisoners. Where the drugs have been used, disciplinary action has been less frequent and there have been fewer transfers to institutions for the criminally insane. The logical inference from this is that over-all therapeutic efforts in prisons can be increasingly facilitated through judicious drug therapy.

The scope of the chemotherapeutic endeavor may be gauged from the fact that at least fifty ataractic drugs or tranquilizers are on clinical trial. Studies are under way also with symptom-producing agents, anti-depressives and stimulants. But even more important from a long-range viewpoint is the progress of research not only in the development of precisely effective drugs but also in the vital study of the basic causes of mental illness, concentrating more and more on physiological factors.

It has long been evident that mental and emotional disturbance is accompanied by certain anomalies in physiology. What the chemical agents are in such cases and how they operate constitute the problem on which the future of therapy, at least in its pharmacal aspects, depends. There is good reason to hope that the train of research now under way may determine, for example, whether the chemical deviation exerts an adverse effect upon the cells or, through disturbance of metabolism, produces a toxin that alters the patient's constitutional balance. The studies under way include pursuit of the mysterious nature of certain protein fractions of the blood fluid that appear to be extranormal in schizophrenics and other sufferers. Since schizophrenia accounts for around 60% of mental hospital patients and arteriosclerosis of senility for another 16%, the importance of any further elucidation of these disturbances can hardly be overestimated.

Much expectant professional attention is focused on the research

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into the molecular basis of mental illness that Dr. Linus C. Pauling is conducting at the California Institute of Technology under a Ford Foundation grant. Now in the third year of its five-year term, the project has remained cloaked in its director's modest reticence, but his comments upon it throw interesting light on the importance of its objectives.

"What is the way in which the molecules of these chemical substances function in the diseased patient that is different from the way in the normal individual?" Dr. Pauling has said, according to *Modern Medicine*. "I should like to know what the phenylketonuric gene does that is different from what the normal gene does. Does this abnormal gene refuse to manufacture a protein, an enzyme, or does it manufacture an enzyme that has an abnormal structure? In what way is the structure abnormal? Nobody knows how any enzyme works, so this and many of the other problems that we are interested in ultimately go back to the basis of life — the basic nature of the reactions that are involved in life."

Other fascinating research projects are being pressed forward by the National Institutes of Health. One of them is a long-term study, which may continue for ten years or more, of brain damage occurring in the perinatal period. With the collaboration of fifteen leading institutions throughout the country, the study seeks means of preventing cerebral palsy, mental retardation, epilepsy and various forms of congenital blindness and deafness. Its success would throw new light on genetic factors in abnormality, as well as on such known or suspected factors of the perinatal period as lack of oxygen, blood incompatibility between mother and child, prematurity and infections occurring during pregnancy.

At a time when complaints are often heard of the paucity of public funds devoted to medical research, it is encouraging and stimulating to know that a broad area of investigative research is nevertheless under way under notable auspices. What impact these projects, together with the growing influence of chemotherapy, may have upon future methods of treating mental illness is a question that largely awaits further developments. But it is reasonable to affirm that, just as the Nineteen Fifties should be known in medical history as a turning point in mental therapy, the Sixties give promise of becoming an era of further monumental discoveries.

CREATIVE RESTITUTION: Ambulatory Treatment of Youthful Offenders in Germany

Judge Karl Holzschuh

Darmstadt, Germany

NOT long ago I visited a number of American juvenile courts and their auxiliary agencies, from the Canadian border to the Gulf of Mexico, from Florida to California. Three things made an indelible impression on me:

1. The widespread invincible faith in human goodness and its corollary: that every child is capable of learning and improvement, in the absence of pathological deviations.
2. Helping each other is taken for granted. This willingness to help extends in particular to the problems of youth, particularly to young persons in difficulty, need or conflict with the law or in some other way with their surroundings.
3. There is a readiness to make sacrifices in order to help, a readiness we simply cannot imagine. Countless organizations for helping young persons are supported solely, or almost solely, from private funds. Neighborly love in America is not turned over to the state.

What is the situation with our German juvenile penal code? As early as 1923 the first German Juvenile Court Law contained the basic premise: *No punishment where educational measures suffice.*

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But what happened in actual practice? Between 1923 and 1943 about 25% of all juvenile court cases were fined and about 70% received a brief jail sentence. Although the National Juvenile Court Law of 1943 tried to meet these shortcomings, the old sickness returned under a new name, the juvenile arrest up to a maximum of four weeks. The juvenile arrest simply replaced short prison sentences.

In October, 1953 the third German Juvenile Court Law became effective. It is perhaps the best juvenile court law in the world—despite many omissions and weaknesses. I know of no law that gives the judge such a wealth of means and opportunities for dealing with young wrongdoers. First place is given to measures that dispense with restrictions of liberty, i.e. to "ambulatory" measures, using a medical term. The application of these provisions now extends from harmless occasional offenders to actually criminal youth. *To educate, to help, to heal, to prevent*—these aims define the focus of all the various means of treatment. "To heal instead of to punish" is one of the highest postulates of modern juvenile court practice.

How far have the objectives of the law been realized? Short-term jail sentences for juveniles have been cut in half. But with their continued use in 45% of all juvenile court cases, they still dominate the picture. Particularly popular for minor offenses is the "holiday confinement" over week-ends. Sunday, still the Lord's Day for millions of youth, is made a day of punishment. What an awful confusion of spirit comes to light here!

Juvenile arrest is intended for discipline, not for punishment. But it is saddled with all the negative features of short-term sentences without compensating positive values. It is not an accident that the career of confirmed criminal youth frequently shows the following steps: holiday arrest; one or two weeks' juvenile arrest; four weeks' juvenile arrest; six months' juvenile imprisonment; juvenile imprisonment of indefinite duration. How hard it is for human beings to let go of old, deeply rooted customs and ideas!

But one can also do differently. Anticipated in the National Juvenile Court Law of 1943, and foremost among the measures defined in the Juvenile Court Law of 1953, are *directives*. These are orders for regulating the way of life of juvenile offenders, to insure and improve their education. As educational regulations they are di-

rected to the future of young offenders who stand in need of help or education by virtue of unfavorable external influences, educational deficiencies, physical or psychological maldevelopment, character disorders or disturbances and, above all, various cravings.

What is the purpose of the *directive*? It brings the healthy forces of positive accomplishment and good deeds into play instead of using negative repressive measures. It shows a path, gives a direction to the person who is lost, weak or helpless, guiding him in the right direction.

Examples

1. A friend of mine who is principal of a special school as well as a child psychologist learned that several "tough guys" often mistreated a physically handicapped classmate on his way to school. He severely reproved the bullies, then directed them — for an extended period of time, each boy in turn for a week — to call for this boy at home each day and to accompany him home after school, making sure that no harm came to him. They followed these directions faithfully. Ever since the weaker boy has had no trouble. And his former torturers have become friends and protectors.

2. A 16-year-old maid stood before the juvenile court judge. She had stolen \$2.50 from the coat of one of her employer's guests and had bought chocolate with it. All reports on the girl were extremely favorable. She was upright and hardworking and, up to this time, honest. Her only weakness was her craving for sweets, on which she had spent all of her allowance. In court she dissolved in tears and repentance. The psychologist termed her action impulsive. The judge had recently read an article on the effects of sugar deficiency on our youth during and after the war. It explained that children's craving for sweets was associated with this lack and had even produced symptoms of illness. This appeared to be the condition of the defendant.

The public prosecutor asked for two weeks' juvenile arrest. After deliberation, discussions with the social worker and the psychologist, the court decided the girl could continue buying chocolate. But she was to take half of it to the city children's home, where there were many poor and orphaned children who were also fond of chocolate. The girl followed this assignment to the letter. She was delighted

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whenever she had the chance to bring pleasure to the children.

3. A stone mason who was almost 18 years old rode past a school each day on his way to work. Among the parked bicycles he saw one that particularly pleased him. One morning he had just laid his own bicycle down and was about to ride off on a new one when the janitor caught him.

The boy was getting \$5 a week as an allowance, which he spent on cigarettes, alcohol and amusements. He was directed to open a savings account, save a quarter of his allowance each week and contribute part of it toward the purchase of a bicycle for the city orphanage just before Christmas the following year. On Christmas the home received a beautiful new bicycle. The boy was present when it was bought and when it was delivered.

4. A 17-year-old girl often took motorcycle rides with her friends. These became such a passion with her that she often rode without a license. One day she ran into the side of a house, fracturing her skull. After she had recovered she was directed to join the junior Red Cross, take a first aid course and afterward participate in its activities for at least a year. Today after almost three years she is still active in this fine organization, helping her fellow men.

5. A boy of 19, hardworking and previously dependable but inwardly strongly inhibited and a lone wolf, had lost his mother when very small. His father remarried. With his stepmother he established no contact, and consequently his relationship with his father also became somewhat more distant. His isolation grew and grew. One day another boy persuaded him to run away from home. To get the money he took \$30 from his employer. He wanted to join the Foreign Legion. The police picked him up and took him home. The father tried to re-establish a good relationship with the boy. The employer took him back at once and made a strong plea against punishment. The money he had taken was paid back in installments from his wages. It was his own idea that, after he had re-paid the money, he would save a part of his pay each week for some worthy cause. Often young people do more than required.

6. A 19-year-old kindergarten teacher in a private family, intelligent, industrious and of good reputation, pilfered baby socks and other clothing from her employer over an extended period. When asked what she had done with the clothes, she said she had dressed

her dolls with them. A psychiatrist and a social worker agreed that maternal need had prompted the girl's behavior. The employer pointed to the girl's pronounced interest in children.

I happened to know that there was a cute little fellow of 3½ years in the home for unwed mothers. The father and mother had never had any interest in the boy, who cried continually for a mother who never came.

I asked the defendant if she were ready to be a mother for the boy, at least for the time being. Her answer was "Gladly." I required her to visit the little boy on the evening before each Sunday and holiday, and to bring him a little present each time. She carried out the directive conscientiously, to her own happiness and the joy of the child.

7. A boy of 15 was fond of making little fires. One of these spread to a planting of small pines, destroying more than a 1,000 of them. The father came to court, with his son with a proposal already formulated. He had reached an agreement with the forester for his son to plant seedlings in the burned area during the fall holidays. I issued a directive to that effect and it was satisfactorily fulfilled.

8. Parents who were extremely involved in their business bought an air rifle for their 14-year-old boy. He picked off birds with it, including the pigeon of a neighbor. In other respects he was an upright, regular fellow. I directed him to take good care of a pet bird for a year. He obtained two parakeets and cared tenderly for them. I have had a number of such torturers care for animals.

9. A 17-year-old student stole from her classmates and was expelled from school. Since the age of 7 she had been without a mother. Her father could hardly give her pocket money. She wanted nylon stockings like her classmates and so turned to thieving. She was liable to a jail sentence. The social worker asked me to suspend this sentence. The girl got halftime work in a grocery store. Afternoons she helped her father at home. She was assigned to help an old blind lady each day for three months. She did so very devotedly.

10. Just before Christmas a young man came to me. I had once given him a directive long since carried out. He brought with him a bundle of Christmas presents he had bought with his savings. Now he wanted to know where to take them. I told him about a children's home where the poorest of the poor had to celebrate the

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day of love without father or mother year after year. He came back again at Easter time with another package.

These assignments have meaning only when the young person is prepared to participate in his own education. He should do it voluntarily. Often I let the young person or his parents formulate the proposal.

An inside connection with the offense enhances the understanding. Wood thieves had to chop wood for a hospital, graveyard vandals had to care for graves, fruit thieves had to dig a ditch around the garden or care for it in summer, boys who broke street lamps had to clean them for a while, violators of traffic regulations had to wash cars or motorcycles for the police and those who had damaged grass had to buy and plant grass seed. Each one is touched where he is weak and makes amends where he has fallen short. "Similia similibus" or "like for like" is a fundamental of homeopathy.

Special Obligations

A SECOND ambulatory disciplinary provision of the law is the imposition of special obligations. These are explicitly defined as: compensation for injury, personal apology to the injured person and money payment acceptable to the parties involved. In most cases of damage to another I required the youths to make all possible efforts to make restitution for the injury, even to working for the injured person.

We should also make more extensive use of the obligation of the young to obtain pardon for damage to another's self-respect, for rough behavior or other forms of material or immaterial damage. Youth must become reaccustomed to the most primitive human obligations, which are simply the obligations of good sense. Fines are of less educational value. The parents pay just to be rid of the matter.

According to the Juvenile Court Law, different disciplinary and educational measures can be combined. This feature has proved particularly advantageous with young traffic offenders, principally in cases involving injuries. Along with obligation to obtain pardon and make restitution (disciplinary means) the wrongdoer can be required to enroll in a traffic course (educational measures).

Supervision

EACH assignment must be supervisable and its completion carefully supervised. The supervision is frequently more important than the supervised. The supervision is frequently more important than the actual assignment. And the supervisor must be a counselor, friend and helper of the parents as well as of the young person. One's work usually goes for nothing when the parents do not cooperate.

Responsibility for supervision goes first of all to the Youth Office. With the best of intentions, however, this office cannot do justice to the individual case. So I got together a group of honorary assistants: the Inner Mission, Workers Welfare, Civil Liberties Union, teachers, clergymen, foremen, students, S. P. C. A., hiking clubs, welfare school etc. Only thus could the method have been successful.

There are two ways of tying the helper or observer in with the directive:

(a) By setting up protective supervision. The legal requirement for this is that the measure is invoked to prevent the spiritual, moral or physical breakdown of the young person.

(b) It is more suitable, however, to put the youth under the care of a person or organization by a second directive and require him to follow their arrangements in a particular direction. Here the possibilities of the directive are unlimited.

I have often been asked where I find the honorary helpers. I would like to answer with Albert Schweitzer's words: "Our world is not at all as materialistic as idle talk would have it be. From what I have learned of men there is far more idealism in them than ever comes to the surface."

Conclusion

THE growing disturbance and dissolution of family life increases the numbers of delinquents from day to day. We do not realize how empty, cold and disconsolate it is in the hearts of these children, how lonely and unhappy they are. Left to themselves and their undeveloped energies, they sink into guilt and crime. Particularly those who, despite honest efforts, are unable to stand on their own feet should be helped. We put someone at their side. But we would like to give this second chance to others who are already far gone, on

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occasions when the period preceding sentencing or the continually impending sentence has brought them to their senses. A suspended sentence can only be considered when it is clear that the offender has insight, regret and the wish to do better. Hypocritical crocodile tears during the hearing are not enough.

Despite the state's conditional suspension of a sentence, recognized as necessary, the concept of law must not suffer, in the eyes of either the offender or the community. This can be prevented by means of carefully chosen directives.

The human personality is a fallow field. It requires culture, i.e. cultivation, to bear fruit one day. Regulating patterns need to be induced in it, requiring unending efforts and sacrifices. In the world of personality there is growth, but also decline. Hate, envy, hardness, pride, lust for power, prestige and egoism result in spreading fixity. On the other hand, we experience a sense of opening up when our human qualities like kindness, readiness to help, uprightness, generosity and modesty are engaged. We can decline within, and this usually goes unnoticed. But we can also grow in psychic substance, and this often comes to awareness only after years. Above all, is this true for the young person. Not only do parents, school and church have responsibility for him, but we judges as well. On our first encounter with a youth who has made a misstep, on the first measure used, often depends on the later developments of his life; whether in freedom or in chains, in honor or disgrace, helping or hurting society.

To be sure, the judge of youth must also serve justice. He is committed to the law. And this is the Juvenile Court Law whose underlying concepts I have tried to describe briefly. Pointing the way, pointing beyond to the perhaps higher, purified perspectives of a near or distant future justice, its roots go back into the past, to the Greek port of Corinth where the apostle Paul wrote to the Romans: "Therefore love is the fulfilling of the law."

There is no love without justice; there is no justice without love.

(Translated from the German by Professor Erling Eng, Antioch College, Ohio, and edited by Dr. Albert Egash, Washington College, Md., from a speech given by Judge Holzschuh in Stuttgart.)

**TRAINING GROUP THERAPISTS
FOR WORK WITH OFFENDERS:
The Baro Clinic Program**

Norman Lifton, B.S.

Probation Officer, Queens County Court

and

Morton Wolitzer

Psychologist, New York Public School System

THE American Psychological Association has not adopted criteria for the training of group therapists. Such training has been considered a part of the doctoral training of a clinical psychologist, but the emphasis to be given to it has been left to the individual university departments.

In New York City, Columbia University has the only existing program. This is a six-week seminar workshop composed of six to eight graduate students and psychiatrists. Participants are encouraged to develop their own theoretical orientation and some students work with therapy groups.

New York University is planning to open a post-doctoral center in psychology research and training. The sequence in clinical training will include a training program in analytic group therapy. Yeshiva University also is planning a program.

Training facilities in community clinics, agencies, hospitals and institutes vary considerably. Two of the most thorough programs are at the Post Graduate Center for Psychotherapy and the Institute of Group Psychotherapy.

Norman Lifton, B.S. and Morton Wolitzer

Participation in the training program at the Post Graduate Center offers thorough grounding in the theory and practice of analytic group therapy. The program includes courses, workshops and clinical experience under supervision, as observer and as therapist in a group setting. Personal analytic therapy in a group is also required. A second year is offered for advanced students who desire to work toward certification. Advanced workshops and seminars in psychotherapy with special groups are given. Trainees continue, under supervision, to conduct their first treatment groups, and to start a second group with a different patient constellation. The program entails six to eight hours of participation weekly and is offered to a limited number of professionals who have completed individual psychoanalysis.

The Institute for Group Therapy offers advanced training to professional specialists who have had a personal psychoanalysis and are already skilled in psychotherapy with individuals. The course of preparation consists of (1) a basic introductory class on principles of group therapy; (2) a practicum in group therapy in which students experience being patients in a therapeutic group, plus analysis of the group dynamics and techniques of the leader; (3) serving as recording analyst in a therapy group run for other patients, afterward discussing each session with the therapist; (4) co-leadership in a group at the institute; (5) conducting a group under control. Groups meet three hours a week; the time required to complete the full course of training varies with the rate of growth of the student, from a minimum of two to perhaps five years. A diploma is awarded to students who have satisfactorily completed the full course. The Institute also conducts workshops which meet an hour and a half a week over a period of ten to twelve weeks. The workshops primarily offer training in carrying out the responsibilities of leading a psychotherapy group. Members rotate playing the role of the leader and patients.

All trainees at the William Alanson White Institute are required to take a "group dynamics experience." This is primarily intended as a means of improving effectiveness of learning situations through improving awareness of features in group interaction phenomena which impede learning. Students may receive group therapy and in addition avail themselves of a laboratory or workshop group. The subjects of study are the participants in their relationships with each other.

The Alfred Adler Institute and Clinic has a training program in

group therapy. In addition to theoretical courses and observation of therapy groups, there is a supervisory seminar in group therapy. Trainees in the seminar are themselves doing group therapy and the seminar lasts for the student as long as he has his own group. Ten trainees usually comprise the seminar.

Prior to acceptance for training in the area of group therapy at the Theodor Reik Clinic, the therapist must indicate extensive and intensive experience in the field of psychotherapy. In addition to course work and supervision, there is a period during which the group therapist in training is a participant observer in a group, generally for six months. There is an equally lengthy period during which the therapist acts as co-therapist of a group and also has frequent supervisory conferences. Finally, the therapist is qualified to take a group alone.

The Veterans Administration Program

ALL of the Veterans Administration hospitals in New York City have training programs. A typical example is at the Veterans Administration Hospital in Manhattan, in which there is a regular seminar in group therapy. Initially the trainee begins to function as an observer in group therapy conducted by a psychology staff member. From there he proceeds to the role of co-therapist. Finally, skilled trainees are permitted to conduct groups of their own without a staff member present. However, their group therapy is supervised by a regularly scheduled supervisory session. Different specialized therapeutic techniques are required and taught.

Since 1947 the Community Service Society has utilized group treatment as an integral part of its program of helping families. Prospective group therapists are recruited from among the more experienced case workers. Following a year's period of participation in the group therapy seminar, the case workers are assigned to carry a group. In addition to continual seminar attendance, the group therapists have regularly scheduled supervisory conferences. The theoretical approach is based on "activity group therapy" for children and the "creative group discussion approach" for adults, which approximates case work treatment aims of changing the client's adaptive patterns.

The Jewish Board of Guardians conducts an inservice workshop and seminar in group therapy. Trainees from a workshop consisting of eight participants. Upon completion of the requirements, trainees

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enter the seminar, in which they receive individual supervision in their work with groups. The approach is analytical. The workshop-seminar is continuous, lasting two to three years.

Psychodrama and Role Playing

THE New York Institute of Psychodrama and Group Psychotherapy, in association with the Moreno Institute, offers a ten-week training program in group therapy. The group usually consists of eleven to twenty members who are primarily professional workers. The emphasis is upon role playing and psychodrama. The group meets an hour and a half to three hours a week and each session consists of a lecture and demonstration of techniques, followed by the trainees' application of techniques in the group. The training group is structured as a therapy group. A few advanced students act as assistants in therapy groups at the Institute and at times are accepted as interns at the Moreno sanitorium. Most therapists at the Institute have been trained in the group therapy training program. The Institute also conducts training workshops in specialized areas.

In the training program at the Association for Group Psychoanalysis, candidates must have had at least two years' experience in therapy and have undergone a personal analysis. The training program consists of continuous workshops in fundamentals and clinical problems of group psychoanalysis, personal group psychoanalysis and group psychoanalytic supervision.

The American Group Psychotherapy Association conducts a two-day annual institute and workshops, which cover a variety of subjects for practicing therapists. Participation is open to members and non-members who meet the qualifications for membership.

The Eastern Group Psychotherapy Association conducts workshops, usually consisting of fifteen participants, lasting from six to ten sessions on a variety of subjects, for professionals engaged in the fields of interpersonal relations. The approach is analytical and those accepted for admission, if not members of the association, must have had three years' supervised experience in therapy.

None of the facilities mentioned are known to provide training for group therapists working with offenders.

The Baro Clinic

THE Brooklyn Association for the Rehabilitation of Offenders, also known as the BARO Civic Center Clinic, is a full-time, licensed, privately endowed psychiatric clinic devoted exclusively to the psychiatric treatment of offenders. To the best of our knowledge it is the only full-time clinic to treat offenders exclusively. It is independent of any legal agency. BARO receives its referrals from public and private agencies as well as from individuals. It has been supported since 1956 on a fifty-fifty basis by the New York City Community Mental Health Board. It is staffed by qualified psychiatrists, psychologists, social workers and vocational counselors. Evaluation includes social study, physical, psychological and psychiatric examinations, staff evaluation and individual or group therapy, or both.

At present the group therapy division at BARO has groups of psychopaths (known as the "acting-out roughneck group") and sex offenders under therapy. The psychopathic individual and sex offender have long been thought of as subjects who will not benefit greatly from therapy. But our experience at BARO indicates that in the group setting they may make progress.

In February, 1958, BARO inaugurated a group therapy Internship training program. A shortage of properly trained and qualified group therapists is evident. The BARO internship training program was designed to provide training on an internship basis to meet the need for personnel with the required skill and theoretical background for group psychotherapy with offenders.

At present seventeen members are participating in the internship program at BARO. Their background fields are varied. Three of the interns are high-ranking officers of the New York City Police Department. County Courts are represented by probation officers and the state and Federal corrections departments have as their representatives parole and probation officers. Community social and welfare organizations are represented by experienced case workers. Psychologists, teachers and graduate students in psychology, sociology and social work make up the remainder of the internship group. The educational requirements for membership in the training program were specified to be the possession of at least a master's degree in the behavioral sciences. Candidates whose experience presented special qualifications were also considered.

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The actual training program was planned to take place one or two evenings a week over a period of a year for a total of about 100 hours. The course of instruction was arranged to involve 25% theoretical orientation to group therapy in the form of group discussion, lectures, surveys of the literature and seminars. Extensive reading assignments were made. Trainees gave reports on the current literature dealing with group therapy, as well as other approaches to therapy. Guest speakers from institutions and agencies offering group therapy have appeared before the group to discuss their approaches, and films of actual therapy sessions have been made available.

Another 25% of the training was devoted to learning the clinical procedures in reference to the intake process at BARO and the diagnostic testing program of the clinic. The trainees have had an opportunity to discuss these phases with the professional staff of BARO and to witness these processes through the one-way mirror.

The major part of the program involves observation and discussion of actual group therapy as observed through the one-way mirror, hearing and discussing taped recordings of therapy sessions, writing reports and group therapy protocols, role-playing the part of recorder-observer and group therapist within the internship group. The training group participated in a number of group therapy sessions by constituting themselves as a didactic therapy group. The trainees participated in all staff conferences as clinical members and have been or will be assigned to a functioning group under control. It is also anticipated that the group therapy intern will participate in the planning and execution of research programs in group therapy. Plans have been made for a research project involving the treatment of narcotic addicts by group therapy. It is expected that the training group will take an active part in this project.

In addition to this program, upon completion of 100 hours of training the student is expected to participate as a group therapist in a project of his choice. The trainee is expected to plan and to carry out his project under the supervision of the director of group therapy at BARO. We know of projects that are to be undertaken involving group therapy in the county courts with probationers and in a Federal probation-parole setting. A group therapy project involving trainees also is being started at the City Prison in Manhattan. Two trainees

act as therapist and co-therapist with each group of offenders in a penal setting for a sixteen-week period.

It is hoped that, with the completion of the training program, BARO will have produced seventeen competent group therapists, all able specialists in the treatment of offenders.

Aspects of the Training Program As Seen by a Trainee

AT the first meeting of the BARO internship program the group learned that BARO would use the client-centered approach to group therapy. Many of the interns expressed skepticism toward this approach. Some recalled jests concerning the non-directive therapist who did nothing but listen. Later many of us came to realize that a great deal more than listening is implied in client-centered therapy.

Our culture is one that gives importance to the directive individual. Our social institutions have fostered the vague notion that one should, and in many instances one must, express his thoughts and ideas. The notion of listening and fully accepting is a new concept for many. It may be surprising, but even therapists may find this role difficult to accept. In discussions of cases, or in our didactic group therapy sessions, the temptation to offer advice or make an interpretation was great. The concept of a questioning, information-seeking therapist was ever present.

After many sessions and much reading there came the realization that in Rogerian therapy was the expression of an acceptance of the individual that one so often hears about in didactic courses in psychology. Rogers' belief in the individual was truly the epitome of a philosophy of the acceptance of the individual for what he is and for the latent qualities he may possess. It is our opinion that, of all the approaches to psychotherapy, the client-centered approach will work most effectively with offenders. Here the client, in many instances for the first time, receives warmth and acceptance from members of society. This is the very same society against which he acted out his hostility and aggression. It is for this reason that we term group therapy at BARO successful with a great many offenders.

Other Aspects of the Training Program

UPON entrance into the training internship, despite a general knowledge of the course curriculum, there was uncertainty as to what

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was to come. This uncertainty increased and was mixed with feelings of bewilderment following the first session. For, in the first meeting, contrary to expectation, the instructor did not assume the usual authority role of the teacher. With a tape recorder in operation, members of the group sat around a table and talked about their backgrounds and expectations of the internship program. There were many periods of silence. The instructor did not attempt to allay the resulting anxiety by taking control of the group. Instead he accepted what was said both verbally and by unspoken but intense interest in what an individual was saying. The instructor reflected the content of what was said and this itself was a new experience of the teacher-student process. We expected direction, but direction was not forthcoming. We felt impelled to create and sustain our own direction.

In the subsequent meetings, despite the differences in content, there was a similarity in the approach of the instructor which created a specific group structure and this writer began to perceive a totally new configuration of the learning process.

Basically it was felt that the instructor created a permissive, understanding and non-threatening emotional climate. There was complete acceptance of all the students as they were and a belief in their integrity no matter what they said or how they expressed themselves. All feelings and attitudes were accepted freely by the instructor without condemnation or judgment. One did not feel that the instructor was attempting to control, manipulate or direct the group. The usual dependence on the authority figure for decisions was not a part of the role of the instructor and all responsibility thus emanated from the students. In such a learner-centered situation interaction was initiated by members of the group and not by the instructor. There was no external pressure to talk and at times active listening was of great personal value and significance.

The ventilating and sharing of problems, different feelings and personal experiences in the group, and the resultant understanding and acceptance by the group and instructor were seen as effectuating both acceptance by others and self-acceptance.

The total effect of the emotional atmosphere allowed the trainee to see, examine and evaluate his own relationships with people, without the usual defenses and distortions, seeing for the first time perhaps how people have reacted to him. The opportunity was thus present for

the individual to change certain aspects of his self concept and behavior in the group in the light of his new perceptions.

In almost all aspects the training process occurred under conditions similar to what has been called client-centered therapy. The training group in essence became a therapeutic group. This seemed not only to be a training tool for the students to learn a particular therapeutic technique but, moreover, allowed each trainee to feel within himself what the client experiences in group therapy. Therewith a framework was created for change in perception of self and self-growth.

This writer felt an emphasis in the program upon his own self concept and his basic attitudes toward people and how his attitudes affected his therapeutic technique. The change in self-acceptance led to a reorganization of attitudes toward others and a change in behavior and interrelationships. The emphasis in the training program upon the therapeutic relationship as experienced by the client led to a greater awareness, sensitivity and empathy with the client and appreciation of what therapy meant for him at any particular moment. This was reinforced, intensified and made especially meaningful to this writer when he acted as a group therapist. The ability to emphasize with the client was seen as one of the most personally significant aspects of the training process.

Attitudes of the Internship Group to the Program

THE writers devised a short questionnaire to tap attitudes of the interns toward the training program. Each trainee was asked to answer four questions anonymously.

The first question required him to describe "briefly the training process" as he experienced it.

Fifty per cent of the group expressed opinions that the training process was experienced by them as a client-centered one. This application of client-centered methods has been termed by one of the authorities in the field as student-centered teaching. The interns all expressed positive attitudes of working within the group framework that was the BARO group approach.

Twenty-five per cent of the interns described the process as one in which they were helped toward emotional growth. They felt that the process helped them to understand themselves better. They learned

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how to adopt non directive techniques in everyday living, such as getting along with others and establishing more positive interpersonal relationships at work.

The remaining 25% felt that they had either gained an academic knowledge of Roger therapeutic approach or felt stimulated toward seeking out another approach to group therapy.

The second question asked the interns to state the most significant aspect of the training program. For 60% of the group the most significant aspect of the training program was the gradual formation of the trainees into a group. This group of trainees felt that the group process, with its dynamics that unfolded as they worked together, constituted the highlight of the program. They recognized the importance of the imperceptible infection of the group upon the individual, the warmth and acceptance experienced from fellow interns and the instructor, and the atmosphere that encouraged listening.

The remaining 40% stressed the didactic nature of the training. They felt that the reading assignments, the various speakers and films that were shown were most significant.

The interns were asked what changes, if any, had taken place in them as a result of the training process. The entire group felt that they had improved professionally. Many stated that they now felt confident in assuming the role of group therapist. However, it is significant to note that every trainee made some mention, on this question, that he had experienced emotional growth arising from the training process. The replies stated that individuals became more permissive, less demanding of others, more accepting of people, and established better working relationships with others. Gains in self-confidence were noted with a development of understanding and tolerance toward their own families and others.

FINALLY, the interns were asked for criticism of the training program. Forty per cent stated that they had no negative criticisms. Thirty per cent of the responses critical of the program felt that more situations should have been provided for the experience to participate in actual therapy groups as observer-recorder and therapist. Twenty per cent felt that there was too great a denial of the role of other approaches to group therapy, namely psychoanalysis. These interns felt that not enough criticism of Rogerian philosophy was stimulated and

Training Group Therapists

they expressed a desire for training in approaches other than a client-centered one. The remaining 10% stressed what they felt was one of the drawbacks of client-centered therapy: that at times the therapist was too non-directive in allowing a client to dominate a group continually in therapy.

What have we learned from the answers of the intern group? The majority of interns felt that the training process was a student-centered one allowing him to experience the process in terms of his own needs and purposes. It was found that this approach was both an academic learning situation and a stimulus for self-realization. Perhaps a very significant feature of the training process was the view that the group-centered process that BARO follows has greatly helped the intern in improving himself in respect to professional competence as a therapist. He has developed greater awareness of his own self, with a consequent improvement in the sphere of interpersonal relations.

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The Heritage of Creativity

MODERN TECHNOLOGY is thought by many Americans to be a unique American achievement. This illusion is nourished by our mass media, advertising having made of bragging a fine art. To look at the splendid color layouts and jubilant reports of new discoveries, inventions, gadgets and nostrums, one would never guess how much we owe to Europe in basic research — that fountainhead of technology — or how impressive is Europe's scientific creativity—the most important human talent in this scientific age.

— Hyman G. Rickover

GROUP THERAPY WITH NAVAL DISCIPLINARY OFFENDERS

Alan F. Greenwald, Ph.D.

— Corrections Division, Bureau of Naval Personnel

THE successful rehabilitation of disciplinary offenders is a prime — though sometimes elusive — objective of the Navy's corrections program. There is a recognized need for constructive activity in this area, and the Navy has applied its energies to the task of implementing a sound, coordinated corrections program. There have been frequent references to the difficulties that stem from treating men in confinement, and these problems have been dramatized sufficiently in the past to avoid further elaboration of them here. It is the purpose of this article to present briefly the elements of a treatment program initiated within a naval retraining command.

Before discussing the actual program, a few pertinent statistics should be known. At the time of the program's inception, there was an average population of 700 men and the median age of all prisoners in confinement was 20.8 years. Eighty-two per cent of the prisoners had committed offenses that were strictly military in nature (e.g., unauthorized absence). The median sentence adjudged was 5.4 months.

In light of these statistics, it was generally felt that the neuropsychiatric staff could not reach sufficient numbers of patients through individual treatment and still conduct the routine screening of all

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incoming prisoners. Also, without appropriate outlets for emotional release, expression and "acting out", the prisoner undergoing intensive therapy might, as a result of his therapeutic progress, "regress" in his institutional adjustment from a custodial standpoint.

UNDER the supervision of the medical department, a program of group therapy was initiated. The orientation of the groups was nondirective. It was felt that the most benefit could be gained by structuring a permissive, supportive atmosphere in which group members could move at their own rates of speed. Limits were set on length of meetings, but it was never necessary to impose external limits on behavior. During the two-year period, there were no untoward incidents.

A room in the medical department was furnished and reserved specifically for group activities. Comfortable, upholstered chairs were arranged in circular fashion around the room and a rug obtained for the floor. The effort here was directed toward creating an atmosphere conducive to therapy.

The program was conducted by a clinical psychologist. Participation was voluntary and applicants were screened for (1) at least average intelligence; (2) at least three months remaining in confinement; and (3) matching release dates, as nearly as possible, so that the group could remain intact until the sessions were terminated.

After a period of trial-and-error, it was decided that groups should be limited to six to ten members. This range would guarantee at least enough persons to provide impetus for the hour's interaction and would not be so large as to be unwieldy. Because of the relatively brief tenure of the meetings, the groups met twice weekly for one-hour sessions rather than weekly. The added meetings seemed to contribute notably to the "significance" of the sessions. There was better continuity, an increase in the amount of interactions and in the complexity of expressed affect observed in the group.

MANY prison officials have expressed concern about the potential destructive force that may be unleashed by therapeutic procedures. In light of this comment, it is of particular interest that members of the therapy groups had a very low incidence of reports and disciplinary infractions while in confinement. (Two cases of disciplinary

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infractions occurred on occasions when the therapy group's meetings were interrupted owing to the absence of the therapist.) Over a two-year period, seventy-five group members committed few other scattered, minor offenses.

On the other hand, several members reported improvement in their institutional status during group therapy. One prisoner progressed during a five-month period from initial medium-custody status in the cell block — to the barracks for living quarters — and finally to Honor Company and minimum custody. Other, less dramatic changes were also reported. Although these events cannot be attributed directly to the group therapy effort, they are interesting concomitants and worthy of mention.

One apparent shift in identification — a rather important one — appears to be members' alignment with their group, which usually seems to reduce the influence of the larger prison population as a whole in determining values. With the development of interpersonal ties, the therapy group can become a strong force in reconciling individual members with the values and demands of society — civil or military. This, of course, depends in no small part on the role that the therapist assumes.

This program is an example of the Navy's concern with rehabilitation of offenders. An expanded corrections division has concerned itself with the total problem and ramifications of marginal manpower. In addition to professional programs such as the one described, counseling on a nonspecialized level is being conducted by carefully selected duty personnel with appropriate qualifications. Nonspecialized counseling is designed to provide assistance with problems relating to confinement, and to help restore the prisoners' personal sense of responsibility and fulfillment.

The opinions here expressed are those of the author and do not necessarily constitute those of the Navy Department.

DRUG ADDICTION IN ONTARIO

Frank Potts

IT has been estimated that slightly more than 3,000 persons of both sexes are addicted to narcotics in Canada. A breakdown of this figure indicates that there are about 2,364 criminal addicts, 515 medical addicts and 333 professional addicts, making a total of 3,212.

In the first of these groups we find those people who patronize the illicit market and support trafficking in drugs. The second group is made up of people who at some time or other required the administration of narcotics because of their medical condition and as a result became addicted to them. The third group consists of certain professionally trained people who had drugs available to them at work and so became addicted.

Of all the drugs available, heroin appears to be the most commonly employed for addiction in Canada. One ounce of heroin legally imported into our country would cost \$12. When this amount is sold illegally by capsules containing approximately a quarter grain at \$3 to \$5 a capsule, it will retail at somewhere between \$5,200 and \$8,700. With such profits made available to those who are prepared to traffic in narcotics, we can expect that the problem of treating people who have become addicted will remain with us for a very long time.

As a matter of fact, addiction to narcotics goes back to man's earliest recorded history. A description of the cultivation and preparation of opium was found on clay tablets left by the Sumerians that have been dated some 7,000 years B.C. The Egyptians, Persians and Greeks (all of whom were very advanced in pharmacology) also knew opium and used it medicinally.

To put our subject in perspective, we believe that there are about 700 persons in Ontario who are addicted to narcotics. Fortunately, few young people in Canada have developed this habit. Of the 2,364 addicts who are known through their criminal records, only 26 are under 20 years of age. There are some indications, however, that the lower age limit may be dropping.

Despite the fact that we have an extensive coastline in British Columbia, the general trend of distribution of these drugs would appear to be from the east to the west coast, which suggests that drugs will follow their market and are not found where they are because of geographical location. To the best of our knowledge, drugs are carried both ways across the border between our two countries.

Marihuana does not appear to be a problem in Canada and narcotic drugs of any kind are not a matter of concern in rural areas.

There is no evidence to indicate that innocent, unwilling people are in any way dragged or forced into drug addiction. For the most part it appears to result from associating with people who are already addicted and usually unemployed. Again speaking generally, it has been found that about 75% of the drug addicts with criminal records had records before they became addicted to narcotics. This finding should do much to correct the impression that addiction to narcotics starts people on criminal careers.

No economic class appears to be immune from addiction. Almost all types of occupational backgrounds are to be found. Personal wealth, of course, permits some addicts to escape detection because they are in a position to pay others to take the risk of getting their drugs for them. I am happy to say that convictions for breach of the Narcotic Drug Act in Ontario are about 50% less today than they were ten years ago.

A comprehensive study of narcotic addiction in Canada may be found in the published findings of a special Senate committee that investigated the matter in 1955. Copies are available through the Queen's Printer in Ottawa.

TYPES

WHAT type of person do we find among criminal addicts? Without attempting any breakdown of personality types, certain general impressions come to mind. They have become slaves to drugs and live for little else. Drugs come before not only their own welfare but the welfare of their wives and children. Friends are used and then forgotten. Their personal health, cleanliness and clothing become matters of indifference. They have no place in society and do not lead a useful existence. They have few morals and do not stick too closely to the truth.

As individuals, they usually have weak personalities. While they frequently have average intelligence or better, they are emotionally immature. They constantly seek pleasure and live to satisfy their immediate needs. Little thought is given to the future. They are restless, impatient, often untrained and undisciplined people who tend to be selfish and lacking in both moral standards and a sense of responsibility. Their tastes are frequently expensive and their vocational goals are not uncommonly either unrealistic or beyond their proved capabilities.

Contrary to popular opinion, addiction to narcotics inhibits physical activity, whether it be criminal or non-criminal, and tends to deter any impulses the individual may have to commit violent crimes. The effects of opiates are, in general, the opposite of the effects of alcohol, which tends to reduce normal inhibitions and to release aggressions.

THE CLINIC

In January, 1956, the Department of Reform Institutions of Ontario completed the construction of an H-shaped, brick, single-story, twenty-five bed clinic where treatment could be given to people who were completing sentences imposed upon them by the courts. One section of the clinic contains its offices and kitchen, another several small open dormitories and the third the occupational therapy unit. The clinic is self-contained and has its own site. While decorations and furnishings are plain, they are bright and the atmosphere is cheerful. Openings are of a security type, but one is not too conscious of this either inside or outside the building.

The limited number of custodial staff at the clinic are in uniform. Treatment is provided by a team made up of a minister, a psychologist, a psychiatrist, an occupational therapist, specialists in the addictions and a rehabilitation officer. A registered nurse and a doctor are on call at all times.

The clinic was conceived by the Rev. Major John Foote, V.C., when he was the minister of our department, and developed largely under the direction of Dr. F.H. van Nostrand, who until his retirement last summer was our director of neurology and psychiatry. Both of these men deserve credit for pioneering this type of treatment in a penal setting in Canada.

Since the clinic is small, with a limited number of patients, one

is almost constantly faced with the problem of boredom slipping in, even though patients are there only for the last three months of their sentence. Its limited size limits the number of facilities that can be provided to relieve this situation, and yet it must be relieved if therapy is to be effective. The second general problem is the attitude and relationship of the custodial staff toward both the patients and the professional staff, and their objectives.

The narcotic addict is one of the least well understood of all inmates undergoing sentence. They are clannish, bright, critical and intolerant of most penal routine. As a result, the custodial staff look upon them with a good deal of suspicion and convey the impression that they are not to be trusted, that they are lazy, poorly motivated and have a poor prognosis. Such an attitude is, of course, bound to have its impact upon patients and upon the treatment staff as well.

SELECTION

WHEN we opened our narcotic clinic, its patients had to be chosen from inmates who requested treatment, at any institution in the province where they might be undergoing sentence. Since then, all are sent to one institution to serve the preliminary part of their sentences and this has proved advantageous. The clinic's function can now be more adequately explained and screening has become more uniform because it is being done by the same experienced team.

Before the clinic was built, I had some apprehension about the number of drug addicts who might request treatment because most that I had talked with did not seem so inclined. Since its opening, however, I am glad to say I have been proved wrong. The majority now seek treatment, although all who apply are not accepted for it.

We are still unable to set up specific standards of selection, but these factors appear more frequently in our reasons for rejection than any others: The first is a long history of unsatisfactory behavior while serving previous sentences. This is likely to continue in the clinical setting to an intolerable degree. The second is insincere motivation. This type of person is so openly critical of treatment procedures and so skeptical of their value that he influences his fellow patients to such an extent that group therapy techniques tend to dry up and lose much of their usefulness.

Selection of our patients is made by a three-man classification

committee, which is made up of the institution's superintendent, its senior custodial officer and its psychologist. Physical, psychological and psychiatric reports on each applicant are read by the committee before it interviews the applicant. As the treatment period is for the last three months of the applicant's sentence, selection is made in time to effect transfer to the clinic for this period of time. This means that patients are constantly coming and going and a revolving program is required so that all may derive equal benefits from it.

Initial success caused us to reduce our selection standards and admit more patients to subsequent groups. However, experience taught us that we had to tighten up again and we have just got to the point where we feel we can accept more for treatment.

TREATMENT

GROUP therapy, individual therapy, occupational therapy and vocational guidance are all used by our treatment team.

In terms of need, we find that as a group drug addicts need encouragement, assistance in formulating goals and constant stimulation to get them to follow through. They have little tenacity in their work habits and possess values so different from the normal that they are not always easy to understand. Improvement, if it is going to come at all, is usually evident in the first two weeks to a month. By then they offer fewer excuses. Their defenses begin to break down and they start to work more steadily. There is evidence by then of greater creativity and more independent thinking. It is usually the men over 45 who are most receptive to treatment. By then they have reached a degree of maturity that enables them to look in the mirror honestly and see clearly the effects and futility of their old way of life. When family relationships exist they can be valuable aids in rehabilitation.

It would be difficult to say which aspect of our treatment program is the most helpful. What helps one may not help another. We must remember not only the varied backgrounds of these patients but all that they have been through that may have shaped their attitudes. Their relationship to those in authority has usually been a long and distasteful one. They have spent too much time in institutions and have become institutionalized. Lack of family ties gives them a sense of isolation which one must have experienced to fully understand.

Their lives have been organized around their need to find drugs. When they first come to the clinic their hostility toward authority is most evident. But after about a two-week stay they begin to relax and growth starts. Those who have to be taken off treatment usually lack motivation or cannot adjust to the clinical environment and what is expected of them there. A.B. Chester's book, "Shot Full," the autobiography of a drug addict, is one that should be read by everyone who wishes to increase his understanding of this type of person and their problems.

As the use of occupational therapy in a penal setting is rare, perhaps something might be said here about its value. In a general way it relieves tension and provides variety and a change of pace in the clinical program, but it goes much deeper and achieves much more than that. It helps patients understand themselves and their problems better. Instead of verbalizing, occupational therapy provides a chance to do things. It may uncover talents that have never been discovered and provides the socially inadequate person with the very kind of tools he has always lacked in his social adjustment.

Psychotherapy may give such a patient a better understanding of himself and why he uses drugs. But he needs much more than that. He needs training. He needs social acceptance. He needs vocational opportunities, and he needs to give up old friends who are addicts and to make new ones who are not.

To achieve such results, obviously, clinics require the facilities to attain these objectives. But something more is needed as well and that is a change in attitude on the part of the general public toward the drug addict who is trying once more to learn to live without narcotics. I am convinced that if we are prepared to offer any drug addict, our friendship in these circumstances he may need little more. There is as big a part for the Good Samaritan to play in the world today as there ever was.

AFTER CARE

ONE full-time rehabilitation officer is attached to our clinic and some twenty others are geographically located throughout the province to care for the patients' needs after their release. The clinics' rehabilitation officer has about ten pre-release interviews with each patient and follows up their progress for at least a year after their discharge. Usually they are seen about twice weekly during the first few months.

Unless the legal restriction of a parole sentence pertain, these services are voluntary. About 30% of our narcotic patients welcome it. To the others it is a matter of indifference or they quickly disappear.

We have found that because of the public's attitude toward addicts it is necessary for the officer to take the patient to a prospective employer and let him sell his services himself. When our officer seeks positions on their behalf he is greeted almost 100% of the time with refusals. This attitude appears to spring from lack of information and the fears people have about the possible consequences of employing them.

Drug addiction, of course, tends to break up family life, so unsatisfactory home situations are usually found. When this is not the case one often finds that the wife is also addicted and this inevitably adds to the problems of rehabilitation. Through loneliness many male addicts then turn to prostitutes for companionship and by boosting her services provide their joint support. But \$100 a day so earned is usually spent the same day to satisfy their needs and take care of a meager existence.

For the most part, our patients have a good attitude toward work when they leave the clinic and wish to be gainfully employed. However, their desire to start at the top, to earn more than they are capable of and to get the kind of work that is not open to them are all attitudes that the rehabilitation officer must face and change.

It is of utmost importance that they be placed well away from the influence of old delinquent addicted companions and that sort of environment. Without exception every patient of ours who has relapsed after treatment has done so with former friends who were still addicted. A parole sentence of at least one year and preferably two would be a most desirable aid to rehabilitation.

Two critical stages have been noted in the rehabilitation of these patients. The first comes on their first day out. They are tense, hopes are high and the desire to celebrate is strong. Celebration may take place with a woman, a bottle or both, and if release is not found they may turn to drugs. The second hazard comes when employment is not immediately found. As this period of uncertainty becomes longer, tension mounts and then discouragement and hopelessness creep in. It is during such critical times as these that a good R.O. can be of invaluable help.

CONCLUSIONS

1. If we are going to attempt to rehabilitate people who are addicted to narcotics, more than psychotherapy must be offered in the clinical program.
2. To effect successful rehabilitation with this type of patient, they must be placed away from other addicted people on discharge.
3. Since our clinic opened, we have succeeded in rehabilitating about 20% of our patients. What does this mean? The Royal Canadian Mounted Police recently made a study of the files of more than 2,000 narcotic addicts who had gone through their hands and found that 100% of the people who had been convicted for breach of the Narcotic Drug Act had had subsequent convictions.

In other words, if nothing is done for the drug addict while he is undergoing sentence he will continue to use drugs on release.

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The Decline of Prison Jargon

THE SPEECH of American prisoners has become more and more like that of any other group of American males, and even the experienced and professional convict would be mystified by most of the words appearing in the glossaries of prison jargon which are so often appended to textbooks on criminology.

— James V. Bennett

PSYCHIATRY AND CRIMINAL LAW

William H. Haines, M.D.

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THERE has been a growing tendency on the part of psychiatrists in the United States to feel that the basic tenets as laid down in the McNaghten case in England in 1843 in no way meets the problem of an adequate evaluation of a mentally ill person in his appearance before a court of justice.

Recent studies indicate that at least 75% of the psychiatrists in daily contact with such problems feel that the tenets of such a basic evaluation fail to provide an adequate meeting ground between law and medicine.

The test, as usually given, accepts the fact that the individual at the bar knows the nature and quality of the act for which he has been indicted, that he has a knowledge of its wrongfulness and is in a position to choose between his behavior and his conflicting emotional patterns.

During the last year, I have had an opportunity to evaluate many so-called insane patients, both prior to their admission to a hospital for the criminally insane and as a further study of those who have been tried in open court and found guilty and later admitted to the Illinois Penal System. The studies here, in a diagnostic sense, have often shown that there is need of psychiatric care.

There are many problems inherent in everyday court practice, and in spite of the fact that many of our outstanding psychiatrists, such as

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Dr. Manfred S. Guttmacher and Dr. Henry A. Davidson, have called attention to the insufficiency of information available and have tended to confuse the issue by abstract psychological dissertations upon the ability or inability of the psychiatrist to make decisions.

From a practical standpoint, we must face the problems involved. After all, we have a definite duty not only to the individual but to the community. Inasmuch as such hearings — in which the issue of insanity is raised in open court before a jury — take place before twelve good and true persons, we cannot help but be impressed with the fact that they are asked to pass upon decisions with little or no background as to the validity of the facts and the assumptions that are presented to them.

FOR example: In a recent court hearing, a man who had been indicted as an accessory to murder — committed by a man who is now an inmate of our state penal system under a 180-year sentence for murder — was shown to have been for many years a paranoid schizophrenic personality. The observation of his behavior not only dated back to his war service but was followed by his inability to complete a university education satisfactorily and accept the responsibilities of marriage and life in the community by reason of this warped and distorted thinking. At the time of the examination he was completely unable to give a correlated statement as to the facts leading to the alleged participation in this act. This had been observable by his counsel over a period of some four months. There was no question at the time of the mental examination that he was obviously a mentally sick person, confused, warped in his thinking and dominated by a delusional pattern, clearly showing an inability to recall the events of the past and lack of insight and understanding to have an appreciation as to the consequences of his behavior.

These facts were accepted by the presiding judge, the state's attorney and the psychiatrist for the State as well as by the defense attorneys and the psychiatrists for the defense. As a result of this, no conflicting evidence was placed before the jury. The only evidence presented was that we were dealing with a mentally sick person who, at that time, although he understood the nature of the crime for which he had been indicted, was not in a position to confer with counsel and lacked the ability to have sufficient understanding and reasoning as to

the wrongfulness of his associations. Much to the consternation of everyone, the jury returned the verdict that he was sane, despite the fact that they had been sworn in to give their decision upon the facts presented in open court. No evidence was presented to refute the fact that the individual was mentally ill and in a medical-legal sense insane in the acceptable terms of law and medicine.

When questioned later off the record, the answer of several of the jurors was: "We appreciated the testimony of the psychiatrist, but we still want him punished and we felt that it was our duty to make such a decision."

Here, therefore, the problems were not those of law and medicine but the problems of the lay mind totally unable to understand the responsibilities and consequences of such a decision. The matter, however, will probably be worked out from a legal standpoint by a change of venue to a county where there is not the prejudice of a community that seeks vengeance rather than justice.

ANOTHER recent case was one of a compulsive neurosis, in which homosexuality had existed since the age of 8; in which there had clearly been deviations in personality structure by reason of this long and continued behavior. While the person before the bar knew the nature of the acts for which he was indicted, there was no question that the will to do and the ability to understand the wrongfulness of his acts did not meet acceptable medical standards. At that time the superintendent of one of our state hospitals and I were called on to testify and we presented to the court our experience of some fifteen years with sex deviates, in which we had the opportunity of seeing hundreds of sex offenders. The State, which disagreed with our findings, had a local family physician who had practiced in the community for fifty years and on the stand admitted that he had seen only one sex offender during that time. However, due to the standards laid down by Illinois law for expert testimony, this one opinion of an individual — although medically trained but without psychiatric understanding and knowledge — was presented to the jury as expressing the opinion that such an individual did possess the understanding and the will to correct his behavior.

The matter was carried to the State Supreme Court, and that body made the decision in keeping with previous pronouncements — that

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while physicians are better qualified to testify to a condition than an ordinary layman, their testimony on the subject of mental capacity of an individual whom they have been privileged to observe is not entitled to any greater weight than that of a layman, and correspondingly of a general medical practitioner.

The further circumstance that homosexuality was still on the statute books as a criminal act led that body to state: That the fact that there had been the commission of unlawful acts contrary to statutory regulations clearly showed that, in spite of the evidence of psychiatric evaluation, the individual was in a position to determine and govern his acts. Evidence was placed before the court at that time, and most inadequately covered in the legal decision, that a sexually dangerous person, in the eyes of a study made by a commission of 100 lawyers, psychiatrists, sociologists, psychologists and educators, indicated that homosexuality on a plane where there was an absence of aggressiveness and where there was an absence of perversions directed toward the moral welfare of children under the age of 14 should not be looked upon from the standpoint of a criminal act, but rather that such behavior represented a medical condition which should be treated in a hospital environment, preferably a state hospital, with adequate psychotherapy, medical and psychiatric re-evaluation and reorientation.

OUT of justice to the court, it should be emphasized that the decision in the Supreme Court was made prior to the passage of a Sexually Dangerous Act which more adequately spelled out the problems of homosexuality and the problems of responsibility in the commission of pathological sexual acts of a criminal character. Nevertheless, there has been no fundamental change in the wording of the criminal code.

Therefore, whereas religion and psychiatry have progressed much during the last 100 years, law, in spite of examinations and surveys conducted at the representation and request of the State Legislature, has been content to fall back upon the rules of legal procedure as laid down in past years.

Out of justice to the Illinois Supreme Court, in a meeting of lawyers, the Chief Justice of that court later asserted that there must be fundamental overhauling of the content of criminal responsibility in legal procedures, particularly in relation to sex offenses. However,

at present writing there has been no major change.

Again, the problem is confused by statutory provisions in Illinois. Under the Sexually Dangerous Act as expounded in our Penitentiary Act, an individual must be evaluated from the standpoint of whether he is insane, feeble-minded or continues to show sexually dangerous propensities prior to his release from prison. However, in the same statute books, the Mental Health Code has completely changed the terminology. The term "insanity" has been removed and the term "mental illness" substituted, and for the term "feeble-minded" "mental deficiency" has been substituted, retaining, however, the ideas relative to abnormal sex tendencies.

Decisions of high legal authority have stated to the present writer that insanity under the criminal code and mental illness under the Mental Health Code are not one and the same; that the problem is clearly inherent not by any change in the mental condition of the patient, but rather in the one case the decision of insanity is based upon the outmoded rules laid down in the *McNaghten* case, and in the case of mental illness it is based on the fundamental observations of medicine and psychiatry as exemplified by the last fifty years of progress.

Inasmuch as this writer had much to do with the evaluation of mental deficiency in the Mental Health Code, and having understood — by reason of caring for such individuals over many years — that there is no question that the word "feeble-mindedness" is, in the eyes of the American Association on Mental Deficiency, synonymous with the word "mental deficiency," it has been impossible to have such distinctions made legally. It has been necessary to take such persons into court and find that they are no longer insane or feeble-minded, and then by a subsequent hearing evaluate the actual medical and psychiatric status of the persons by finding that they are "mentally ill," or "in need of mental treatment," or "mentally defective" so that they might be sent to one of the hospitals for the mentally ill or our schools for the mentally retarded.

It is high time that those in higher authority take steps that will bring about some clarification of these difficulties.

THE problems in Illinois are likewise confused, although the basic rules of the *McNaghten* case in relation to the knowledge of the

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act for which the individual mentally retarded person was indicted, or whether such an individual possesses an understanding of the wrongfulness of the act and the ability to direct and control his behavior — whether it be for murder, aggressiveness or sex misbehavior. We are actually in a situation where we have two standards. If such an individual has at no time during his life been found by a court of record to have been a mentally deficient person, he is held responsible in the light of the McNaghten rules. If, on the other hand, this same individual had been found to be a feeble-minded person under the Criminal Code and committed to our Security Hospital, or who had been sentenced to our state schools for the feeble-minded in which the original indictment was nolle prossed, then such an individual is adjudged not responsible, for he is regarded as a ward of the State of Illinois.

This same procedure holds true for persons who have escaped from our state hospitals are still carried on the rolls of those institutions. During the last ten years there have been repeated instances where such persons were brought before the bar of a criminal court, allowed to plead guilty, even with the benefit of defense counsel, despite the fact that at that time they were still certifiable as insane and still in the status of an escapee from one of our state hospitals.

The problem is likewise complicated in those who are conditionally discharged from our state hospitals. In a recent instance, prior to the time of release from one of our schools for the mentally retarded, an individual who had been in the community and had been under observation of the Department of Public Welfare had continued to show aggressive abnormal sex behavior, but it was condoned and overlooked by the community forces because he was a ward of the State of Illinois. Four days prior to his absolute discharge eligibility he was again arrested on two acts of aggressive behavior involving young children, in which the background of his previous admission to a school for feeble-minded was known to the court. Yet the fact that he was later given an absolute discharge by the institution was used by the court to prove that he was no longer a feeble-minded person, and the official statement made by the court, upon the admission of this offender to the penal system, made this peculiar statement: "This individual is not now, nor has he ever been, a feeble-minded person," in spite of the fact that upon re-examination in the

Diagnostic Depot this same individual was found to be a mentally defective individual with a full scale Bellevue-Wechsler I.Q. of 60, and it was evident that he was clearly unable to know the wrongfulness of his acts and clearly was in no position to understand and direct or control his behavior.

It is not felt that the legal procedures in other states differ materially from that of Illinois, although Illinois is more backward in its acceptance of changes which are based upon some of the newer evaluations of personality structure, motivation and evaluation of the degree of insight and the use of the will to control behavior.

THESE instances occurring in Illinois are brought up primarily to point out that there does exist at this time confusion, and that the psychiatrist too often is made the goat, for it is necessary for him to appear in court and to provide a medical-psychiatric interpretation of such observations as he is able to make, this being done for the benefit of the court and the jury. How can we expect twelve lay persons to be able to understand the problems involved in the light of conflicting testimony?

Where the State authorities, in the prosecution of the case, have the benefit of psychiatric observations of the accused within a period of twenty-four hours after arrest, it is usually possible to gain sufficient insight as to the factors which led to the commission of the act as well as to gain an over-all evaluation of the personality structure of the individual committing such act. However, if the psychiatrist does not see this person until after the individual has been granted all of his constitutional rights and has been under the direction and supervision of a defense attorney whose whole interest is not always the welfare of the community and the individual — but rather is following the blind dictates of the legal philosophies that his only duty is to protect his client irrespective of the methods which may be used — one cannot help but be impressed with the realization that justice is too often excluded from the courtroom.

When opinions have to be expressed not upon a personal interview but rather upon long and extended hypothetical questions which are the summation of the legal points rather than the medical evidence which either the defense or the state use in a hope to prove its point before the jury, one can realize that the problem is not

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the battle of experts but rather a battle as to what is or is not placed within the hypothetical question. The cleverness of the attorneys, to a large extent, determines the evidence on which the psychiatrist has to make his decision.

As a result of more than ten years experience, both for the defense and for the state, one feels that the only method by which justice can be rendered is for an examination to be made by the psychiatrist as a friend of the court, in which the evidence presented is based upon factual observation and in the light of the newer concepts of psychiatric interpretation rather than that the opinions expressed are dependent on the outmoded concepts dating back to the McNaughten rules of evidence.

It is easy to ascertain whether the person examined knows the nature of the act, but it is an extremely difficult problem to evaluate frankly and honestly—particularly unbiasedly—the element of wrongness, the degree of insight, the degree of accountability. As Dr. Zilboorg has pointed out, who are we as psychiatrists to assume that we know anything about accountability and responsibility, and to be able to present such information to the court?

The writer feels, however, that the accused person as well as the court has the right to get such information as can be obtained and presented by those of us who have spent years in the care, the evaluation and the understanding as well as rehabilitation of criminals in institutional environments. Surely our experience and our degree of insight are worthy of a place in court.

ONE feels that psychiatrists do not stand on equal ground. Those who have been trained in state hospitals, and particularly in psychoanalytic principles in outpatient care in private practice, do not have the benefit of observation of the criminal mind as exemplified in prison environments, in correctional institutions or even in the outpatient evaluation of cases for the courts.

One feels that if one is sincere, frank and that the opinions as presented to the court represent the truth as the psychiatrist sees it, after a period of time there grows to be an acceptance by the state, the defense and by the presiding judges that such opinions are worthy to be placed before the court and jury as expressions of enlightened opinion for their guidance and assistance.

This brief evaluation has attempted to point out some of the practical problems inherent in everyday legal conditions. It purposely bypasses the entanglements of philosophical and obscure evaluations as to what we mean by wrongfulness, as well as the problems inherent in responsibility and insight.

One feels that to go into such a discourse would require hours of time and we would fail to point out what we have tried to do — that the rules of the McNaghten case are outmoded and are rendering a definite disservice to law, medicine and psychiatry.

• • •

We may either smother the divine fire of youth or we may feed it. We may either stand stupidly staring as it sinks into a murky fire of crime and flares into the intermittent blaze of folly or we may tend it into a lambent flame with power to make clean and bright our dingy city streets.

— *Jane Addams*

We must face the unpleasant reality that a society that condones income tax evasion and political graft and admires the one who "gets away with it" is far from creating the atmosphere of respect for individual needs and for authority that is vital for the prevention and control of delinquency in the young.

— *Eveoleen N. Rexford, M.D.*

Men live by admiration, hope and love, and children more so. Without these things we would be lost, all of us.

PROGRESS OF COURT CLINICS IN MASSACHUSETTS

Donald Hayes Russell, M.D.

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THE contact that psychiatry, as a medical specialty, has had with courts over a hundred years has at best been controversial and unconstructive as to promoting the status of this science, and questionable in its helpfulness to the courts. To this day definitions of "mental responsibility and legal insanity" remain unclarified. Thus the psychiatrist's position in the court has been one without respect or prospect.

More recently, with the increase in community responsibility, the growth of the behavioral sciences and the realization that punishment per se is not a panacea for delinquency and crime, courts have begun to feel a need of a fuller understanding of offenders and a desire to be able to offer more by way of rehabilitation processes. Psychiatrists, psychiatric clinics, child guidance clinics and various kinds of public and private social agencies have in the last two decades risen to this need and sought to provide services to courts in many parts of this country and elsewhere. It has long been our contention that such instances of an outside agency trying to serve a court would be fraught with difficulties and would fall far short of their well-intentioned purpose. The reasons for this are inherent in the structure of the court as an organ of society and in the orientation of the human beings whose prescribed duty is the protection of the community through the dispensing of individual justice according to the law and statutes.

Progress of Court Clinics in Massachusetts

Therefore it is our belief and practice that a clinical service must belong to the court and function for and within the court.

Almost a hundred years ago the concept of probation was born and had its beginnings here in Massachusetts. Since then probation has become an integral part of every court and has long proved itself in spite of its long struggle for recognition and its lack of complete professional status today. Probation has two major functions, and the degree of proficiency with which they are performed depends upon the skill and experience of the probation officer, as well as the amount of appreciation that his court has for probation. Their functions are:

1. To make a thorough and useful pre-sentence investigation, that the court may have full material with which to make appropriate disposition on a given case.
2. To formulate and execute a plan for rehabilitation, using the authority of the court, for those offenders who are placed on probation.

It is easy to see, then, that the real constructive need for clinical service is directly within the functions of the courts' probation office. Thus we give clinics, or psychiatric consultants as the case may be, to the court and place them within the probation office. The psychiatrist can greatly assist in many pre-sentence investigations by providing his diagnostic evaluation, he in turn having had the advantage of the probation officer's case material. The rehabilitation of offenders on probation may in certain instances pose problems of management, for which the psychiatrist may be consulted by the probation officer. There are also offenders who, as a part of their probation, may be considered for psychiatric treatment within the court setting.

These, then, are the ways in which our court clinics operate. Within the structure of the court the psychiatrist is free to practice his art and science and to maintain his ethics and his doctor-patient relationship. He keeps his own personal records and submits formal reports when requested by the probation officer for a particular purpose. These reports are brief, readable and meaningful, and become a part of the probation record. It must be stressed at this point that the success of the clinical service depends completely upon its close working relationship with probation and the mutual respect and un-

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derstanding which must develop. Frequently doctors feel that the court does not respect their practices and opinions, when actually it is the doctor who does not understand the court and therefore cannot respect its ethics and practices. It must also be pointed out that probation officers are, more than not, hard-pressed, underpaid, sincere people who have had little formal training for their responsible tasks. They want professional help in their difficult tasks, but if they are not served properly with the respect due to them as hard-working human beings, they will naturally bristle with defensive resistance. The doctor must always remember that he is helping the probation officer with *his* task — he must not steal patients, or allow patients to be dumped on him. The treatment of real offenders cannot be accomplished through psychiatry alone; the framework of probation contact and supervision is imperative.

WE currently have in operation ten court clinics throughout our Commonwealth. These vary considerably in size and make-up as we try to fit the differing needs of individual courts, and we are governed by the available supply of qualified and interested professional people. Because it is a clinical service that we supply, the clinic ideally begins with the introduction of a full- or part-time psychiatrist. It is his job to establish himself as a functioning member of the court family. When, and only when this is accomplished, he may, as need arises, add clinical staff — more psychiatric help, a psychiatric social worker — and arrange for occasional psychological testing. The role of the social worker is specifically to do case work with the families of juvenile or adult offenders who are in psychiatric treatment. We have found that case work with husbands or wives of offenders is very helpful and that many cases could not really be treated without it. The staff of our largest, the Cambridge Court Clinic, is comprised of a director and assistant, four consultant (part-time) psychiatrists, three social workers and a part-time psychologist. This clinic serves as field training for two social work students a year and has a training program for psychiatric residents from a local Mental Health Center. However, the smallest clinic — consisting of only a psychiatrist — performs proportionately well in the smaller courts. So far clinics serve only the district, or lower courts, but we are considering a service for a large Superior Court.

Progress of Court Clinics in Massachusetts

Where juvenile courts are served, we require psychiatrists who have had training or are being supervised in child psychiatry. With the juveniles the clinic-probation team makes a special effort to reduce to a minimum the number of children committed to state hospitals and reform schools. All available community agencies dealing with children, public and private, must be utilized in working with the juvenile offenders. While the function of the court clinic is strictly to provide service directly to courts and offenders, we believe that, inasmuch as this is a new approach to a special group of people, in time a valuable body of knowledge will emerge. Regular clinical conferences are held, as well as inter-clinic seminars for the exchange and formulation of material and ideas.

The task is a great one, the prospect most challenging, but its immenseness and complexity makes one feel humble. Presently we feel that the most adequate clinical service would see only 5% of the people passing through its court. A major goal is the help we may offer in increasing the effectiveness and professional status of probation.

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I hold every man a debtor to his own profession, from the which Las men of course do seek to receive countenance and profit, so ought they, of duty, to endeavour themselves, by way of amends, to be a help and ornament thereto.

— Francis Bacon (1561-1626)

Sir Alexander Fleming, discoverer of penicillin, is said to have cited this prevision of antibiotics in Shakespeare: "Take thou some new infection to thy eye, And the rank poison of the old will die." (*Romeo and Juliet*, Act 1, Scene 2)

Man is a reservoir of indetermination, containing infinite possibilities of good and evil.

— Loren Eiseley

BOOK REVIEWS

Crime and Juvenile Delinquency

Sol Rubin, Oceana Publications, Inc. New York.

THIS is an impressive and valuable book. Although the reader may find much to cavil with and some points of view with which he is in earnest disagreement, the general findings and conclusions place Mr. Rubin directly on the side of the angels. The eminent counsel for the National Probation and Parole Association and a stalwart in the development of progressive legislation for our courts gives us the distillate of his rich experience and his observations concerning some of the necessary things that must be done in the field of correction.

For those who are familiar with Mr. Rubin and his professional interests, it is not surprising to note the free-ranging area over which his trained observation moves. The five sections of the volume cover some of the most significant issues in the field of modern penology, dealing with juvenile delinquency, youthful crime and treatment, the sentencing process, probation and parole and special problems of research.

Mr. Rubin does not shrink from championing with considerable fervor those social points of view in which he deeply believes. Indeed, he seems to welcome the opportunity of throwing down the gauntlet to those who would challenge some of his profoundly felt beliefs. He is, nevertheless, fully aware of the views of his protagonists and attempts to present them with an academic candor that is admirable.

Some of the best portions of the book are contained in the section dealing with delinquency and the problems of the youthful offender, and their treatment. The author is completely cognizant of the crisis which the juvenile courts are undergoing. Because of his intimate association with the development of the Standard Juvenile Court Act, published by the National Probation and Parole Association and endorsed as a model by the National Conference on Juvenile Delinquency in 1946, he devotes considerable analysis in justifying

the point of view and philosophy of this statute. Nevertheless, to this reviewer it appears that he skirts a number of the significant issues involved in the formulation of an operational meaning and definition of delinquency for the courts. Indeed, his argument does not seem in full accord with the conclusion he draws. One gets the disquieting feeling, as Mr. Rubin's analysis is examined, that the legal provisions for delinquency, as established by the model act, will not facilitate better understanding by the courts or the communities.

Neither is it particularly helpful in clarifying the role of the children's courts by suggesting "discussion" by psychologists and sociologists in formulating a workable conception of the problem of the child who deserts his home or is wilfully disobedient. It is not discussion which will help here but a realistic understanding of such problems in different communities on the basis of effective research and a frank recognition that the children's court can no longer serve as a comprehensive sanctuary for all types of children's problems.

Although this reviewer shares with Mr. Rubin a hope in the growing capacity of the social work services to provide the aid which the courts the law enforcement agencies so urgently require, the fact remains that probably our most serious lack is the kind of facilities and procedures which are required.

Despite these strictures, the book's major emphases are pointed and valuable. His suggestions for the ways in which probation and parole may be enhanced and implemented should be required reading for those who may still harbor the slightest doubt as to the efficacy of these procedures. In his preference for life-history studies as a significant form of research for criminology, he senses the importance of psychodynamics in assessing criminal etiology, but he indicates little conception of the kind of intricate hypothetical questions and criteria which this type of research involves. It is all the more gratifying therefore to discover the excellent critical analysis at the end of the book. Although this volume is strongly recommended for its many valuable insights into the field of correction, this last chapter itself should cause it to be widely read.

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Book Reviews

The Teaching and Learning of Psychotherapy

Rudolf Ekstein, Ph.D., and Robert S. Wallerstein, M.D., Basic Books Inc. New York.

THE authors set out to find a solution of the problem of how to teach psychotherapy in such a way that the students will not be indoctrinated by their teachers, but will be encouraged to remain what are described as "curious people." This book gives a thoughtful and detailed description of one method of teaching psychotherapy, which is by supervision in a hospital setting. Its purpose is "to highlight the mutual interactions that constitute the process of teaching and learning." The task of supervision as they see it is to teach the students how to carry out psychotherapy in a way that should not be restricted to working with the relationship between the student-psychotherapist and his patient, but should include the study of the relationship to the whole setting in which the treatment takes place.

The authors realize that the development of useful methods of supervision during the training in psychotherapy depends on the solution of a number of difficult social and psychological problems inherent in the setting in which the therapy is carried out and they envisage an ideal setting which of necessity must include a teaching, a research and an administrative staff, and which can be united by the training activity into an integrated whole. Their ideal is a system in which rivalries of these three staff groups are seen largely as a reflection of the inner difficulties that each member, the supervisor not excluded, has about his own function and which can be solved provided each member is able to bear this fact in mind.

Each phase of the training is examined in great detail, starting with the early phase when the supervisor first meets the student before the patient is taken on, and continuing with the processes which develop when the student meets his patient, and later still when he discusses the patient's material with his supervisor. A careful study is made of the inner conflicts present in the patient, the student and his supervisor, in all phases of the work.

Throughout the book the problems which the student-therapist presents to his supervisor are not seen merely as problems of technique or as problems arising out of a need for training in psychotherapeutic understanding, but also as problems arising out of complex relation-

ships which offer the student ample possibilities to demonstrate his own difficulties which create blocks in the learning process; the aim being "to provide a structural learning situation which facilitates maximum growth through a process which frees potentialities in the developing psychotherapist." The stress is laid on the need to allow the student to be creative and different from his teachers in a framework in which psychoanalytic principles are accepted.

The authors are careful to bring out clearly the fundamental difference between supervision of this kind and psychotherapy. They demonstrate by excellent case material how learning blocks can be recognized and overcome in the supervision setting and show convincingly that this work is distinct from therapy proper. They maintain that a personal therapeutic experience is, with a few exceptions, essential for the psychotherapeutic practitioner and should be recommended to him. On the other hand, they advise that this should be in the form of a recommendation rather than a requirement since, as they say, "the development of training patterns has not yet yielded sufficient experience to back up our impressions with reliable statistics." They add that: "personal supervision of the psychotherapist-to-be should not compete with his personal therapeutic experience. Neither experience is to take the place of the other." When distinguishing between therapy and supervision the authors make the point that whatever practical problems that patient brings to his psychotherapist they should always be viewed in the light of the main task of psychotherapy, which is the resolution of an inner conflict, whereas whatever personal problems the student brings to his supervisor, they should always be seen in terms of the main task of supervision, which is toward greater skill in his work with patients. Provided the main purpose of these two relationships is borne in mind throughout the training, the authors think that this fundamental difference will emerge clearly.

It is rewarding to read a book which takes the trouble to examine with care and detail real relationship problems as they arise in a teaching setting and which honestly surveys the difficulties of teacher and student alike. It is so tempting when describing clinical material to pay lip service to the importance of the relationship between teacher or therapist and student or patient, but in spite of that spend most of the time discussing psychopathology and trying to find the solution

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to everything in terms of giving or withholding the right interpretation. In this book full attention is paid to the interactions of the inner processes in the student, therapist and patient, on the one hand, and of the setting, on the other; the authors make a serious and consistent attempt at understanding the problems met in these terms and, as far as possible, point to their solution on this basis.

ENID AND MICHAEL BALINT
London

Social Class and Mental Illness: A Community Study

August B. Hollingshead and Frederick C. Redlich,
John Wiley & Sons, Inc., New York.

Social Class and Mental Illness is undoubtedly the most important book of its sort in several years. It is the report of a major research project, major both in terms of size and in terms of planning. It was carried out in New Haven, Conn. The researchers set out to test five hypotheses and their report on three of these make up this volume. These are:

1. The prevalence of treated mental illness is related significantly to an individual's position in the class structure.
2. The types of diagnosed psychiatric disorders are connected significantly to the class structure.
3. The kind of psychiatric treatment administered by psychiatrists is associated with the patient's position in the class structure.

The authors' most significant and dramatic finding relates to their third hypothesis. Clear-cut evidence is presented that there is a striking relationship between the kinds and amount of treatment which a person receives and the class position which they occupy. If this were merely a demonstration that rich people go to private hospitals and that poor people go to state hospitals, it would not be a surprising conclusion. However, the authors demonstrate that, within the same public treatment clinic or the same state hospital, the amount and kind of treatment vary with the class background of the patient. Not since the publication of Sutherland's *White Collar Crime* has there appeared a document which so clearly demonstrates the hidden and unrealized benefits of social position and influence.

Since psychiatrists were unaware of the existence of these processes which discriminate against the lower class groups in psychiatric

treatment, it raises the question as to whether these findings may not be applicable to social services other than psychiatric treatment. Do persons of higher class get special consideration from social welfare agencies and do prisoners of higher class get special treatment from parole boards? These are interesting questions; their empirical investigation should be hastened by this pioneering work.

The reader should be clear, however, that this book's major contribution is concerned with patterns of treatment. The authors are dealing most often with the "*prevalence of treated illness*", that is, the number of cases under treatment. It is not surprising in the light of their findings concerning inequalities in treatment given that there is a surplus of patients from the lower class who remain ill. These are patients who "pile up" because of inferior treatment. The authors cannot, from these data, make generalizations about the social etiology of mental illness. To do this they would have had to know the "*incidence*" or number of new cases, *treated and untreated*, arising in the population, and this is almost impossible to discover. However, when the authors do examine "*treated incidence*" of psychosis, i.e. the number of new cases which are coming into treatment over a given period of time, it becomes very doubtful, on the basis of the tables in the book, whether there is a genuine class difference among numbers of new patients entering treatment.

In fact, Miller and Mischler, in a critique of this book soon to be published in the Milbank Memorial Fund Quarterly, have re-examined the tables of treated incidence by class and conclude that "the etiological significance of social class for mental illness is yet to be demonstrated." Hollingshead and Redlich themselves point out: "While our data indicate that sociocultural factors are important in the prevalence of treated disorders in the population, we cannot conclude they are essential and necessary conditions in the etiology of mental disorders." Despite their own warning, this book is being quoted as a demonstration of the significance of class position in the *etiology* of mental illness. Although this is a relatively minor problem, it would be a pity if the contribution of this excellent book were lessened by the ambiguity surrounding this point.

JOHN CUMMING, M.D.

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The Criminal Area — A Study in Social Ecology

Terrence Morris, Routledge and Kegan Paul, London; Humanities Press, New York.

IN *The Criminal Area* Dr. Morris presents cogent arguments for the usefulness of an ecological approach to the study of criminal behavior and juvenile delinquency and, by implication, for other areas of social behavior. This is accomplished in two ways. The first part of the book is devoted to a summary of ecological theory and specific studies of criminality and delinquency, and particularly Clifford Shaw's works. The second half presents a result of a study of the ecological and social class distribution of delinquency in Croydon, a suburb of London.

Ecology is "concerned with the relationship which exists between people who share a common habitat or local territory and which are distinctly related to the character of the territory itself; it is a study of social structure in relation to local environment." Accurate summaries are given both of ecological theory as formulated by Park and his students at Chicago, and of a number of studies which concerned themselves with the spatial distribution of criminal and delinquent behavior. Of particular interest in this section is a series of studies beginning with the nineteenth century vital statisticians in France and England and continuing through Dr. Morris' own study, which show a consistent relationship through time between low social class, residency in given areas (particularly in sections of cities) and delinquent behavior. This is not to imply a necessary causal relationship, for in all the areas delinquents or criminals were in the great minority.

This section has in it much good thinking about the relationship between individual motivation and behavior which is controlled by social forces. The consistent relationships between social forces and delinquent behavior serve to remind the individually oriented therapist that the motivations of the individual are not the complete causes of his behavior. Or, as Dr. Morris puts it so well:

Whatever the nature of individual motivation might be, the objective consequences of individual action and the modes of its expression are social phenomena par excellence, characteristic not of the individual, but of the collectivity of which he is but a part.

The second part presents the results of an analysis of juvenile

delinquency in the Croydon area. About 40% of the Croydon men commute to London and are presumably middle class. Many of the remainder are lower class, with lower-class families concentrated in council estates (public housing projects). There are more Class I and II (Upper) than IV and V (lower) males in the town. As is to be expected, delinquents are highly concentrated in a few small areas in Croydon, and in predominantly lower-class areas. However, they are concentrated into a few of the lower-class areas — mainly those which house a high proportion of "multiple problem" families. A check list of twenty-six items coded from juvenile court, probation and other records on the total delinquent sample indicates their families have a high degree of social disorganization.

The author is more at home in dealing with theory than with the empirical results of his study. The data seem hurriedly presented (including some illegible maps), and many questions are left unexplained. A series of inadequate case studies (drawn from agency records) are intended to throw light on why this particular child got in trouble with the law. Anyone who has ever worked with such records knows their inadequacy as research material, and in this instance the case studies throw no light on the problem but tend to lessen the impact of the ecological relationships which are clearly demonstrated in the main body of the findings. A theory in which susceptibility to delinquency as a social disease is seen as analogous to susceptibility to physical ailment from a public health point of view is almost naive in its oversimplification. The reader will be continually bothered by terminology which assumes familiarity with everything from geographical areas in London to a standard measure of social class which is left unexplained to the uninitiated.

Despite these shortcomings, this is a good book and a well written one. The first part will be of particular value both to those who want a good introduction to ecological theory and as a summary of a wide variety of studies in the area. A final chapter on social policy is an eloquent plea for a more enlightened use of social theory by government, in both its policies and actions. As such, it could well be taken to heart by the American counterparts of the Britons to whom the chapter is primarily addressed.

DAVID J. KALLEN, PH.D.

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Aggression and World Order; a Critique of United Nations

Theories of Aggression

Julius Stone, University of California Press, Berkeley and Los Angeles.

THIS book is essentially a history of the United Nations' attempts to deal with the problem of aggressive warfare. It is a book about international law for lawyers, with plentiful footnotes and reference to opinions and decisions. At the same time it deals with a matter of vital general interest—that of warfare—and so merits consideration by those outside the legal profession.

The problem of warfare is so vast and complex that its author concludes in the end that we must be thankful for, if not content with, any progress that we have made. It is the contention of the reviewer that we can make a great deal more progress if we bring to bear upon the problem all possible agencies and techniques.

The essence of the legal method is to determine what is right and then try to bring it about. This approach usually leads to the idea of one right course of action. In contrast, a scientist confronted with a practical problem attempts to find out its causes and then to control it by modifying or eliminating the causes. From this scientific viewpoint it is obvious that warfare, like all human behavior, is not explainable in terms of one simple cause. War and aggression have many causes and the combination in each practical situation may be unique. A scientist must conclude that there is more than one "right" course of action. Nevertheless, certain generalizations can be made.

Warfare is a peculiarly human type of behavior. We can see its beginnings in the behavior of male baboons who join forces to frighten off a marauding leopard, or the way in which a wolf pack will attack and unmercifully punish a wandering stranger of the same species, but we never see animals deliberately gathering together in an attempt to destroy or subjugate a neighboring society.

Human societies are primarily different from animal societies in the use of words, which implies that war is in some way the result of verbal language. Because they depend on words, human societies have two aspects. One is an ideal or verbal organization which defines what people are supposed to do and how they should organize them-

selves together. There is always some effort, either conscious or unconscious, to try to organize this verbal picture of social organization on the simple logical basis of one or more general principles. On the other hand, there is the kind of behavior which people actually show, influenced by the code of behavior of the society but never completely conforming to it, affected by complex causes rather than simple principles, and often highly variable and apparently illogical. Both of these aspects of human society contain the seeds of warfare. For as long as any human society is verbally and actually organized to wage war, the possibility of war exists.

Now what is Professor Stone trying to do? Like any other enlightened individual, he is against war and for peace. As a lawyer he is concerned with the verbal causes of war, and most of his book is devoted to the various attempts to define international aggression. He concludes that aggression is almost impossible to define in any usable way, and that the United Nations had better confine its efforts to controlling breaches of the peace rather than aggression. Anyone can tell when shooting is going on, although it may be almost impossible to determine who started it. In short, Stone believes that the fundamental problem is not aggression but keeping the peace.

Why, then, has he devoted a book to the subject of aggression? It is because the one thing on which the representatives of all nations have been able to agree is that aggressive war is a bad thing. This is something quite new in world history. It is not yet a century since the ideas of imperial conquest and bravery in aggressive war were universally admired. This is an important advance, and it has strong popular opinion behind it. Stone believes that it should be used but that condemning aggression alone will not produce miraculous results. If we say only that aggression is bad but defensive warfare is good, we can justify any conflict on the ground that the other side started it.

Stone believes that the United Nations is in practice working toward the principle that any war must be stopped. Even this will only work well if the member nations cooperate to try to discover and eliminate the causes of the conflict. Nothing can work for real justice as long as the present log-rolling and bloc system of voting continues. Here he recognizes the existence of a fundamental problem, that the behavior of the member nations is based on many different sorts of cultural codes. What is wrong for one group may seem

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admirable to another. Stone concludes that, while the United Nations may fall far short of the ideals of its founders, the use and creation of a peace force in the Middle East conflict nevertheless presents a model for future progress.

One must agree with Professor Stone's logic, sentiments and good judgment. Yet the legal approach to the problem of aggression is incomplete by itself. Good as it may be, it is essentially a negative approach. From a scientific viewpoint, it is better to deal with the causes of war before war breaks out rather than after. We need to make positive and energetic attempts to control the causes of war, both in the United States and in the United Nations.

Two general causes of war are well known. One is social disorganization. Aggression runs riot in any disorganized society, whether of rats or men, and the changeover to modern economic and industrial organization has been accompanied by disorder and violence everywhere. We can help, and are helping, this situation by technical and financial aid which helps to make the transition more rapid and which ought to produce a more stable society. It goes without saying that we also need more fundamental research on the nature of social organization.

Second, we have the problem of conflicting codes of behavior. These differences can be resolved by contact and interchange of ideas. We need positive leadership in the direction of better communication, not only through correspondence but direct face-to-face contacts between students and citizens of different countries. These are not new ideas, but they now have good scientific backing and should be made a part of permanent long-range policy.

Stone's book is written not for the general reader but for students of international law, specialists who may need to deal with the legal problems of international crises. Yet his conclusions are important for all of us. He says 'It may be, as Lord Davies' idealism declares, that 'Peace at any price usually means war in the long run', but it is an even more urgent truth that justice at any price . . . is likely today to mean war and human immolation in the short run.' Again, "Staving off trouble and patching up settlements . . . which we may despise as a shameful parody of justice, may yet be as much as we can attain" and therefore something for which we ought to strive.

Stone's is the counsel of moderation and the acceptance of partial defeat. To achieve anything better we also need the positive approach of working for right as well as dealing with wrong, and so bringing about justice without conflict.

J. P. SCOTT

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Theory of Psychoanalytic Technique

Karl Menninger, M.D., Basic Books, New York

DR. MENNINGER gives an account of the psychoanalytic process as it develops from the initiation of the "contract" between patient and analyst to the end point in their separation. He emphasizes the two-party nature of the transaction, in which the analyst serves as catalyst of the process. Taking off from the basic model, "I want help from the doctor," the author uses modification in the subject, the object and the wish on various levels of integration, both present and past, to illustrate regression, transference and working through.

These models are interesting devices, but the meat of the book is in the definitions of these concepts of therapeutic phenomena and descriptions of their operation. The task Dr. Menninger has set for himself is a difficult one. It has been attempted by others, but no one of them has achieved the simplicity, directness and practical illustrations we find in this book. Chapters on acting out, erotization of the analysis and criteria of termination include discussion of these important topics not usually so available. An excellent bibliography on technique is a valuable part of this book.

In his discussion of the theory of therapy, however, Dr. Menninger reiterates that our knowledge of what produces "cure" and how the procedures in technique influence this change is still deficient. He frequently raises more questions than he answers (see the interesting footnotes). But the reader who does not insist on technical certainty and can permit himself the frame of mind of the explorer will be rewarded by the stimulating analogies, practical how-to's and bits of

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wisdom from which he can make comparisons with his own experience and draw his own conclusions.

Dr. Menninger writes this book out of his experience as a teacher of beginners. Like a good analyst and a good teacher, he is always aware of his audience, their limitations and his own effort to "get it across." No review of the content of his chapters can substitute for the sense of a live learning experience, a real two-party communication as one reads this book. Such an experience is an essential part of a good analysis. How the teacher or the analyst brings this about is the goal and the achievement of the "teaching" in Dr. Menninger's book.

JOAN FLEMING, M.D.

Dean of Education,

The Institute for Psychoanalysis, Chicago.

Existentialism and Education

George F. Kneller, Philosophical Library, New York.

PROFESSOR KNELLER has done a scholarly job in an original area of thought. He is concerned about modern education leading, as frequently as it does, to the obscuring of a sense of personal identity rather than to its development; to the interposition of categories that may be rather empty, between experience itself and the learner. He quite correctly perceives that existentialism as a philosophical approach provides a discipline for the subjective that permits individual perception and individual responsibility to be more completely utilized in learning, as an alternative to traditional scientific forms which tend to deny the value of most that is unique about a person that cannot be replicated by different people with very different experience. We consent to the scientific approach even to matters whose entire validity depends on personal meaning. That we have done so contributes greatly to the much-deplored "groupishness" of modern life. This book certainly provides a basis for a tough respect for a conception of education as the unique development of the individual mind separate from society though completely responsible in its social role.

The approach is the conventional one of the literary historian, with liberal quotation and exegesis from Heidegger, Jaspers, Kierkegaard, Marcel and Sartre. Dr. Kneller's own style is not particularly colorful, but it is quite clear and adequate to his purpose.

Physically, the book is bad enough to require comment. It is not well made and is so poorly proofread that the concluding five lines of the book are simply repeated as a final paragraph. For the readers of this *Journal*, who are familiar with current psychological works, the opening essays by Rollo May in Basic Books new *Existence* are probably a better source than Dr. Kneller's book of the ideas with which it deals. It may still be recommended, however, to readers who are primarily concerned with educational philosophy and the responsibility of the school as such.

EDGAR Z. FRIEDENBERG, PH.D.
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BIG BUSINESS BEHIND PRISON WALLS

BUSINESS behind bars is bigger than most people on the outside suspect. And it's not confined to Federal institutions; most states and several major cities also have put many of the nation's 200,000 or so prisoners to work at productive jobs aside from housekeeping chores necessary to keep jails running . . . An incomplete Government study counted some 478 factories and shops operating in 72 different lines of industry in penal institutions across the country. They currently are rolling up sales of more than \$90 million a year — more than many corporations listed on the New York Stock Exchange.

— *The Wall Street Journal*

WORLD OF SOCIAL THERAPY

A miscellany of ideas, observations, comment and other signals of progress in the purview of the social sciences.

Aspirin—A series of scientific reports published in Britain, Canada and the Netherlands points to serious gastro-intestinal complications, including hemorrhaging and anemia, from overuse of aspirin.

Atomic Aid—The world's first nuclear reactor designed specifically for medical research is in operation at the Brookhaven National Laboratory's new medical research center on Long Island.

Beatniks—After a 100-night study of 150 specimens of the Beat Generation in San Francisco, Dr. Francis Rigney, a Veterans Administration psychiatrist, reported that they represented "the externalized acting out of internal conflicts and needs rather than a conscious and deliberate response or rebellion toward alleged states of affairs in contemporary society."

Chemonutrient—A new era is emerging in which man will eliminate food crises by producing an increasing proportion of his nutriment by direct manufacture instead of depending upon plants and animals, Dr. Archibald T. McPherson of the National Bureau of Standards asserts.

Color—Highway safety could be improved by tinting road surfaces green with dividing lines in yellow, a less glaring and more restful combination than black and white, Dr. Alden N. Haffner of the Optometric Center of New York suggests.

Cosmetics—The American Medical Association's Committee on Cosmetics warns against the use of antibiotics in beauty products on the ground that little is known on the harmful potentialities of such drugs after their absorption through the skin.

Crabs—The possibility that study of neurohormones critically affecting the functioning of land crabs may contribute to the elucidation of blood chemistry as a factor in mental illness has been suggested by Dr. Dorothy E. Bliss of the American Museum of Natural History and Yeshiva University.

World of Social Therapy

Delinquency—A national project for the exchange of information on methods of channeling youthful energies from crime to useful work was proposed by several experts at hearings of the Congressional subcommittee on special education.

Dreams—New techniques for investigation of the dream process, reported by Dr. Nathaniel Kleitman, Professor of Physiology at the University of Chicago, have been described as evolving a concept of psychophysiology that opens doors to the revision, extension and elaboration of Freud's basic hypotheses.

Erotica—D. H. Lawrence's novel "Lady Chatterley's Lover," long a landmark in the censorship controversy, has been published unexpurgated for the first time in the United States.

Freud—Dr. Harriet L. Rheingold, a research psychologist, told the Society for Research in Child Development that her studies had controverted two Freudian concepts: that the oral need is all-consuming and that no other appears until after the sixth month, and that when a baby is warm, fed and comfortable it withdraws its interests from the outer world and falls asleep.

Hell Fire—An unexplored field of physical research awaits the development of heat of "hell fire" intensity—10,000 to 60,000 degrees, or two to twelve times the usual experimental temperatures—Dr. Aristid V. Gross of Temple University's Research Institute reported to the American Chemical Society.

Hold-ups—"Easy" bank hold-ups have become so epidemic in New York that the F.B.I. has joined with other law-enforcement officials and bank executives in studying means of combatting them.

Hormones—In addition to influencing organs and tissues, steroid hormones, in collaboration with enzymes, affect the growth and balance of cells, Dr. H. Guy Williams-Ashman of the University of Chicago reported to the American Cancer Society.

Ills—Four out of five persons examined in a spot check of 458 Federal employes in New York were found to have some ailment and three out of ten had potentially pre-cancerous conditions, the American Cancer Society reports.

World of Social Therapy

Immunity—Further identification of the innate, presumably hereditary physiological properties that appear to give some persons immunity from infectious or noninfectious disease is the object of pioneer studies conducted by Professor Henry S. Simms at the College of Physicians and Surgeons, Columbia University.

Insurance—A two-year experiment to determine the workability of health insurance covering mental illness has been undertaken by Group Health Insurance, Inc., with a \$300,000 grant provided by the National Institute for Mental Health.

Jeopardy—The Supreme Court has ruled that the Constitutional prohibition against double jeopardy does not preclude successive prosecution for the same offense by the Federal and a state government. Attorney General William P. Rogers has instructed Federal prosecutors to press such second trials only where there are "compelling" reasons.

Narcotics—Modification of narcotics laws to permit greater flexibility in the use of analgesic drugs has been proposed by the National Academy of Sciences' Committee on Drug Addiction and Narcotics. The change is prompted by the development of synthetic narcotics, differing widely in their action and addiction liability.

Pater—The father's transition from the Victorian role of lord and master to that of an "odd man out" coexisting with the mother-child coalition presents a challenge to healthy family relationships, Dr. Otto von Mering, University of Pittsburgh anthropologist, declares.

Penicillin—In addition to synthetic penicillin, achieved by Dr. John C. Sheehan of the Massachusetts Institute of Technology, two new types of the antibiotic, obtained by modifications of the fermentation process, are being investigated. Reports indicate that there is as yet no commercially practicable substitute for the drug produced naturally from mold.

Press Freedom—The American Civil Liberties Union reports that after a fifteen-month study it has found no solution for conflicts between freedom of the press and due process of law arising from reporters' refusal to reveal confidential sources of information.

World of Social Therapy

Prostitution—Recognition of the "good-time girl" as a part-time prostitute competing with professionals is necessary in any comprehensive program dealing with the venereal disease problem, the Social Commission of the United Nations Economic and Social Council has reported.

Psychofilms—The time required for psychoanalysis could be cut in half by showing patients powerful films depicting their inner conflicts, Dr. Arthur J. Brodbeck of Beverly Hills has asserted on the basis of studies conducted in association with Dr. Franz Alexander.

Rackets—The F.B.I. is conducting a series of conferences with regional law-enforcement officials in an effort to coordinate measures against organized crime and racketeering.

Slums—The costliness, in financial as well as human terms, of maintaining slums was spotlighted in a detailed study of a twenty-block blighted area in New York made by the City Planning Commission.

Television—A challenge has been offered to the electronic communications world by Robert W. Sarnoff, chairman of the National Broadcasting Company, to combat widespread charges that television is mediocre, unworthy and time-wasting. There is danger, he warned, of the creation of "an unflattering image of broadcasting which could undermine its public acceptance."

Tests—Dr. Isidor S. Radvin of the University of Pennsylvania has suggested that members of Congress and other national leaders, as a condition of their office, submit to regular physical check-ups.

Universality—World authors most widely translated, according to a UNESCO compilation, are: Lenin, Jules Verne, Shakespeare, Tolstoi, Dostoyevsky, Gorky, Agatha Christie, Simenon, Maugham, Dumas, Balzac, Twain, Dickens, Hemingway, Jack London, Marx, Pearl Buck and Hugo.

Waves—The structure of living cells can be drastically altered by the impact of pulsed radio waves, a scientific team at the New England Institute for Medical Research, Ridgefield, Conn., discovered in studies believed to foreshadow new areas of medical and industrial investigation.

AMONG THE AUTHORS

JUDGE KARL HOLZSCHUH of Darmstadt, Germany, has attracted international attention through his practical demonstration of the idea that both justice and rehabilitation can be served if an offender, under court jurisdiction, is helped to find a way of his own choosing to make amends to those he has hurt. Dr. Victor Gollancz, British author and publisher, presented the topic to Dr. Albert Eglash, Assistant Professor of Psychology, Washington College, Chestertown, Md., who obtained from Judge Holzsueh, a copy of his speech on which his article in this issue is based. It was translated by Professor Erling Eng of Antioch College, Ohio.

NORMAN LIFTON, B.S., Probation Officer of Queens County Court, and MORTON WOLITZER, a psychologist in the New York public school system, are members of the staff of the Baro Clinic of the Brooklyn Association for the Reclamation of Offenders, which is engaged in pioneer work dedicated to the prevention of crime and to timely therapeutic efforts for the rescue of early offenders from incipient criminal careers.

WILLIAM H. HAINES, M.D., director of the Behavior Clinic of the Criminal Court of Cook County, Chicago, has become a favorite of *Journal* readers with his interpretation of and comment upon pathological phenomena in the crime world. Born in Duluth, he received his academic and medical degrees at the University of Minnesota. After varied institutional experience, he became fellow and first assistant in neurology at the Mayo Clinic in 1936. He has been a faculty member in neurology and psychiatry at Rush Medical College, the University of Illinois and De Paul University and a staff member as several hospitals in Chicago and elsewhere. Among his many national and regional posts, he is a past president of the Medical Correctional Association and of the Illinois Psychiatric Society and psychiatric consultant to the Illinois Department of Public Welfare.

DONALD HAYES RUSSELL, M.D., director of the Court Clinic Program of Massachusetts' Division of Legal Medicine, is a native of the state where he has spent most of his professional career. Since his graduation from New York University, he has been associated with Bridgeport General Hospital, the Judge Baker Guidance Center in Boston, Norfolk County Juvenile Court, Boston City Hospital and the State Department of Mental Health. He was a major in the Medical Corps during the war, has taught psychiatry at Boston University and is the author of several publications.

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